

Kansas Register

Ron Thornburgh, Secretary of State

Vol. 21, No. 24 June 13, 2002 Pages 989-1034

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Kansas Development Finance Authority

Notice of Hearing

A public hearing will be conducted at 9 a.m. Thursday, June 27, in the offices of the Kansas Development Finance Authority, 555 S. Kansas Ave., Suite 202, Topeka, on the proposal for the Kansas Development Finance Authority to issue its Agricultural Development Revenue Bond for the projects numbered below in the respective maximum principal amounts. The bond will be issued to assist the respective borrower named below (who will be the owner and operator of the project) to finance the cost in the amount of the bond of acquiring the project or for the purpose of refunding a bond previously issued to finance the project. The projects shall be located as shown:

Project No. 000545—Maximum Principal Amount: \$213,350. Owner/Operator: Freeman L. and Retha Yoder. Description: Acquisition of 309.8 acres of agricultural land and related improvements and equipment to be used by the owner/operator for farming purposes. The project is located at the Northwest Quarter of Section 13, Township 25, Range 8 and the Southeast Quarter of Section 12, Township 25, Range 8, Reno County, Kansas, approximately 1 mile east, 1 mile south, and .5 mile east of Arlington.

Project No. 000546—Maximum Principal Amount: \$60,000. Owner/Operator: Brian R. Schick. Description: Acquisition of 160 acres of agricultural land and related improvements and equipment to be used by the owner/operator for farming purposes. The project is located at the East Half of the Southwest Quarter and the West Half

of the Southeast Quarter of Section 20, Township 3, Range 21, Norton County, Kansas, approximately 9 miles east of Norton on Highway 36, 4 miles south and .5 mile east to the southwest corner of the property description

The bond, when issued, will be a limited obligation of the Kansas Development Finance Authority and will not constitute a general obligation or indebtedness of the State of Kansas or any political subdivision thereof, including the Authority, nor will it be an indebtedness for which the faith and credit and taxing powers of the State of Kansas are pledged. The bond will be payable solely from amounts received from the respective borrower, the obligation of which will be sufficient to pay the principal of, interest and redemption premium, if any, on the bond when it becomes due.

All individuals who appear at the hearing will be given an opportunity to express their views, and all written comments previously filed with the Authority at its offices at 555 S. Kansas Ave., Suite 202, Topeka, 66603, will be considered. Additional information regarding the projects may be obtained by contacting the Authority.

Any individual affected by the above-described projects may, at or prior to the hearing, file a written request with the Authority that a local hearing be held on the proposal to issue a bond to finance said project. A local hearing, if requested, would be conducted in the county where the project in question is located.

Jack H. Brier President

Doc. No. 028034

The KANSAS REGISTER (USPS 0662-190) is an official publication of the State of Kansas, published by authority of K.S.A. 75-430. The Kansas Register is published weekly by the Kansas Secretary of State, 1st Floor, Memorial Hall, 120 S.W. 10th Ave., Topeka, KS 66612-1594. One-year subscriptions are \$80 (Kansas residents must include \$5.44 state and local sales tax). Single copies may be purchased, if available, for \$2 each. Periodicals postage paid at Topeka, KS.

Postmaster: Send change of address form to Kansas Register, Secretary of State, 1st Floor, Memorial Hall, 120 S.W. 10th Ave., Topeka, KS 66612-1594.

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PUBLISHED BY
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Secretary of State
1st Floor, Memorial Hall
120 S.W. 10th Ave.
Topeka, KS 66612-1594
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www.kssos.org



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Legislature

Interim Committee Schedule

The following committee meetings have been scheduled during the period of June 17-30. Requests for accommodation to participate in committee meetings should be made at least two working days in advance of the meeting by contacting Legislative Administrative Services at (785) 296-2391 or TTY (785) 296-8430. When available, agendas can be found at http://skyways.lib.ks.us/ksleg/KLRD/klrd.html.

Date	Room	Time	Committee	Agenda
June 19 June 20	531-N 531-N	12:00 p.m. 12:00 p.m.	Joint Committee on Information Technology	Agenda not available
June 27 June 28	514-S 514-S	10:00 a.m. 9:00 a.m.	Joint Committee State Building Construction	Agenda not available.
June 28	123-S	10:30 a.m.•	Legislative Coordinating Council	Legislative matters.
June 28	519-S	12:30 p.m.	Senate Confirmations Oversight	Agenda not available.

Jeff Russell Director of Legislative Administrative Services

Doc. No. 028036

(Published in the Kansas Register June 13, 2002.)

City of Wichita, Kansas

Notice to Bidders

The City of Wichita will receive bids at the Purchasing Office, 455 N. Main, 12th Floor, Wichita, 67201, until 10 a.m. Friday, July 12, for the following project:

KDOT Project No. 472-83438 (706829) (OCA Code 706829) Paving

Intersection Improvements for 21st and Rock Road (21st Street North and Rock Road)

Requests for the bid documents and plans should be directed to City Blue Print, (316) 265-6224, or to Sandra Loggins, (316) 268-4488. Other questions should be directed to the respective design engineer at (316) 268-4501.

All bids received will thereafter be publicly opened, read aloud and considered by the Board of Bids and Contracts. All work is to be done under the direction and supervision of the city manager and according to plans and specifications on file in the office of the city engineer. Bidders are required to enclose a bid bond in the amount of 5 percent with each bid as a guarantee of good faith. The Wichita City Council reserves the right to reject any and all bids.

The successful bidder may contact Pam Plank at (316) 268-4499 or Sandra Loggins at (316) 268-4488 for extra sets of plans and specifications.

Sandra Loggins Administrative Aide City of Wichita—Engineering

Doc. No. 028025

(Published in the Kansas Register June 13, 2002.)

City of Wichita, Kansas

Notice to Bidders

The City of Wichita will receive bids at the Purchasing Office, 455 N. Main, 12th Floor, Wichita, 67201, until 10 a.m. Friday, July 12, for the following project:

KDOT Project No. 87 N-0198-01/472-83439 (706830) (OCA Code 706830) Paving

Improving Rock Road from 32nd Street North to K-96 (Rock Road at K-96 Bypass)

Requests for the bid documents and plans should be directed to City Blue Print, (316) 265-6224, or to Sandra Loggins, (316) 268-4488. Other questions should be directed to the respective design engineer at (316) 268-4501.

All bids received will thereafter be publicly opened, read aloud and considered by the Board of Bids and Contracts. All work is to be done under the direction and supervision of the city manager and according to plans and specifications on file in the office of the city engineer. Bidders are required to enclose a bid bond in the amount of 5 percent with each bid as a guarantee of good faith. The Wichita City Council reserves the right to reject any and all bids.

The successful bidder may contact Pam Plank at (316) 268-4499 or Sandra Loggins at (316) 268-4488 for extra sets of plans and specifications.

Sandra Loggins Administrative Aide City of Wichita—Engineering

Doc. No. 028026

State Conservation Commission

Notice to Contractors

Sealed bids for the construction of a 28,000 cubic yard detention dam, Site C-105 in Jackson County, will be received by the Delaware Watershed Joint District No. 10 at the district office, 125 W. 4th, Holton, 66436, until 2 p.m. July 2 and then opened. A copy of the invitation for bids and the plans and specifications can be reviewed at and/or obtained from the Delaware Watershed district office, (785) 364-4309.

Tracy D. Streeter Executive Director

Doc. No. 028040

State of Kansas

Kansas Turnpike Authority

Notice to Bidders

Notice is hereby given that the Kansas Turnpike Authority is requesting sealed proposals for furnishing all labor and materials and performing all work in accordance with the plans and specifications and other contract documents for construction of the Belle Plaine Restaurant and Travel Information Center, Milepost 26 on the Kansas Turnpike, Sumner County, Kansas, known as KTA Contract No. 4250.

Proposals, plans and specifications are on file and may be obtained by contacting Michael L. Johnston, President/CEO, Kansas Turnpike Authority, 9401 E. Kellogg, Wichita, KS 67207, (316) 682-4537, ext. 2232, e-mail mdaniels@ksturnpike.com: Nonrefundable fees are \$50 for specifications and half-size plans and \$100 for specifications and full-size plans. The documents also may be examined in the office of the Sedgwick County clerk.

Sealed proposals will be received at Kansas Tumpike Authority headquarters, 9401 E. Kellogg, Wichita, 67207, until 1:30 p.m. Tuesday, June 25, at which time they will be publicly opened and read aloud. Facsimile bids will not be accepted. Proposals must be accompanied by a bid bond in the amount of 5 percent of the bid and made payable to the Kansas Tumpike Authority as a guarantee that the bidder will enter into a contract and give a performance bond as required if awarded the contract.

The award of contract shall be in accordance with the provisions of Section 103 of the Standard Specifications of the Kansas Department of Transportation, edition of 1990, and will be based upon a lump sum price furnished in the general proposal.

The Authority reserves the right to reject any or all bids and to waive any irregularity therein, to determine which is the lowest responsible bid most suitable to the Authority.

> Michael L. Johnston President/CEO

Doc. No. 028024

State of Kansas Criminal Justice Coordinating Council Notice of Available Grant Funding

The State of Kansas will be awarded SFY 2003 Local Law Enforcement Block Grants Program funding. Funding will be made available to state agencies, counties, cities and Indian Tribes. A 10 percent local match is required. Grants of up to \$9,000 in federal funding will be awarded. Entities that received a direct FY 2002 Local Law Enforcement Block Grant from the federal government are not eligible to receive state funding under this grant program. Entities can submit only one application for funding. Grant applications must be postmarked not later than August 2.

A grant application for the SFY 2003 Local Law Enforcement Block Grant Program may be obtained by downloading it from the council's Web site at http://www.ink.org/public/ksc/federal.htm#llebg or by written request to the Kansas Criminal Justice Coordinating Council, Attn: Ron McVeigh, Suite 501, Jayhawk Tower, 700 S.W. Jackson, Topeka, 66603, fax (785) 296-0927. Grant applications cannot be obtained by calling the council office.

For further information regarding the Local Law Enforcement Block Grant Program, contact the council office at (785) 296-0923.

Barbara Tombs Executive Director

Doc. No. 028023

State of Kansas

Department of Wildlife and Parks

Public Notice

The Kansas Department of Wildlife and Parks is providing notice of development of two separate recovery plans: (1) a joint recovery plan for the elktoe mussel (Alasmidonta marginata), the rock pocketbook mussel (Arcidens confragosus) and the mucket (Actinonaias ligamentina); and (2) a recovery plan for the snowy plover (Charadrius alexandrinus). The department is required to develop recovery plans for species designated by the state as threatened, endangered, and species in need of conservation. The elktoe mussel and the mucket are designated endangered species in Kansas, and the rock pocketbook mussel and the snowy plover are designated threatened species in Kansas, by K.A.R. 115-15-1. A recovery plan is defined as "a designated strategy or methodology that, if funded and implemented, is reasonably expected to lead to the eventual restoration, maintenance, or delisting of a species."

The recovery planning process includes involvement of a local advisory committee. Anyone desiring additional information about the recovery plans for these species may contact the Fish and Wildlife Division of the Department of Wildlife and Parks, 512 S.E. 25th Ave., Pratt, 67124, (620) 672-5911.

J. Michael Hayden Secretary of Wildlife and Parks

Doc. No. 028029

State Conservation Commission

Notice to Contractors

Sealed bids for the construction of a 24,000 cubic yard detention dam, Site A-49 in Nemaha County, will be received by the Delaware Watershed Joint District No. 10 at the district office, 125 W. 4th, Holton, 66436, until 2:30 p.m. July 2 and then opened. A copy of the invitation for bids and the plans and specifications can be reviewed at and/or obtained from the Delaware Watershed district office, (785) 364-4309. A \$25 nonrefundable deposit will be required for each set of plans.

> Tracy D. Streeter **Executive Director**

Doc. No. 028041

State of Kansas

Secretary of State

Executive Appointments

Executive appointments made by the Governor, and in some cases by other state officials, are filed with the Secretary of State's office. A complete listing of Kansas state agencies, boards and commissions, and county officials are included in the Kansas Directory, published by the Secretary of State. The directory also is available on the Secretary of State's Web site at www.kssos.org. The following appointments were recently filed with the Secretary of State:

Behavioral Sciences Regulatory Board

Dr. Wesley C. Jones, 2502 Loma Vista, Emporia, 66801. Term expires June 30, 2006. Succeeds Daniel Lord.

Dr. Ronald D. McNish, 6000 Lamar, Suite 130, Mission, 66202. Term expires June 30, 2006. Succeeds John Randolph.

Anna M. Silva-Keith, 5 Century Parkway, Neodesha, 66757. Term expires June 30, 2006. Reappointed.

James S. Williams, 1501 Knollcrest, Junction City, 66441. Term expires June 30, 2006. Succeeds Gregory Valentine.

Delta Dental Plan of Kansas Board of Directors

Steven J. Martens, 810 N. Cypress, Wichita, 67206. Term expires June 30, 2006. Reappointed.

State Board of Nursing

Karen L. Gilpin, 502 E. Madison, Iola, 66749. Term expires June 30, 2006. Reappointed.

Carol Maynard, 702 E. Peoria, Paola, 66071. Term expires June 30, 2006. Reappointed.

State Board of Examiners in Optometry

Dr. Douglas D. Ayre, 904 State St., Larned, 67550. Term expires June 30, 2005. Succeeds Warren Thomas.

Dr. Terry F. Hawks, 5703 W. 95th, Overland Park, 66207. Term expires June 30, 2005. Reappointed.

Thomas G. Lemon, 534 S. Kansas Ave.; Suite 1035, Topeka, 66603. Term expires June 30, 2005. Reappointed.

Supreme Court Nominating Commission

Debbie L. Nordling, HC 01, Box 2AA, Hugoton, 67951. Term expires June 30, 2006. Reappointed.

> Ron Thornburgh Secretary of State

Doc. No. 028046

State of Kansas

Department of Administration **Division of Purchases**

Notice to Bidders

Sealed bids for the following items will be received by the Director of Purchases, Landon State Office Building, 900 S.W. Jackson, Room 102, Topeka, 66612, until 2 p.m. on the date indicated and then will be publicly opened. Interested bidders may call (785) 296-2377 for additional information:

Monday, June 24, 2002

05092

Lansing Correctional Facility—Furnish and Install Condensing Unit

Atchison Juvenile Correctional Facility—Dental Services

Tuesday, June 25, 2002

Adjutant General's Department—Termite Control Services, Troy

05124

Kansas Highway Patrol—Blank Recording Media Wednesday, June 26, 2002

Adjutant General's Department—All Labor and Materials to Seal Brick, McConnell Air Force Base

Thursday, June 27, 2002

Kansas Highway Patrol—Remodel Kansas Highway Patrol Vehicle Inspection Building

Kansas State University—Furnish and Install Modular Homes

Thursday, July 11, 2002

A-9232(A)

Larned State Hospital—State Security Hospital, Phase 1, Demolition and Earthwork

A-8731 Rev.

University of Kansas—Lighting Protection, Moore Hall

Request for Proposals Monday, June 24, 2002

Computer-to-Plate System for the University of Kansas Medical Center

05123

Audio Visual and Multimedia Equipment for the University of Kansas

> John T. Houlihan **Director of Purchases**

Doc. No. 028042

State of Kansas

Kansas Public Employees Retirement System

Request for Proposals

The Kansas Public Employees Retirement System (KPERS) is soliciting competitive fee proposals from qualifying institutions with the intent to enter a service agreement for bundled master custodial services and securities lending services and/or, separately, only for securities lending services.

Candidates should respond to this request for proposals (RFP) for the purpose of contracting for the master custody and/or securities lending responsibilities encompassing domestic securities services and the international

securities services.

Details are available in the RFP document at the KPERS .Web site, www.kpers.org. Proposals must be received in the KPERS office by 4 p.m. July 12. All related questions should be in writing and directed to Leland Breedlove, KPERS, 611 S. Kansas Ave., Suite 100, Topeka, 66603-3803, lbreedlove@kpers.org.

> Glenn Deck **Executive Director**

Doc. No. 028048

State of Kansas

Department of Health and Environment

Request for Comments

The Kansas Department of Health and Environment is soliciting comments regarding a proposed air quality construction permit. Wittwer, Inc. has applied for an air quality construction permit in accordance with the provisions of K.A.R. 28-19-300 for a portable asphalt plant. Emissions of oxides of nitrogen (NOx), sulfur dioxide (SO₂), carbon monoxide (CO), volatile organic compounds (VOCs), particulate matter (PM) and particulate matter less than or equal to 10 microns in diameter (PM10) were evaluated during the permit review process.

Wittwer, Inc., Wichita, owns and operates a portable asphalt plant with baghouse.

A copy of the proposed permit, permit application, all supporting documentation and all information relied upon during review of the permit application is available for public inspection for a period of 30 days from the date of publication during normal business hours at the KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka; and at the Wichita-Sedgwick County Department of Community Health, 1900 E. 9th, Wichita. To obtain or review the proposed permit and supporting documentation, contact John S. Ramsey, (785) 296-1992, at the KDHE central office; or Randy Owen, (316) 268-8448, at the Wichita-Sedgwick County Department of Community Health. The standard departmental cost will be assessed for any copies requested.

Direct written comments or questions regarding the proposed permit to John S. Ramsey, KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka, 66612-1366. In order to be considered in formulating a final permit decision, written comments must be received by the close of business July 15.

A person may request a public hearing be held on the proposed permit. The request for a public hearing shall be in writing and set forth the basis for the request. The written request must be submitted to Connie Carreno, Bureau of Air and Radiation, not later than the close of business July 15 in order for the Secretary of Health and Environment to consider the request.

> Clyde D. Graeber Secretary of Health and Environment

Doc. No. 028038

State of Kansas

Department of Health and Environment

Request for Comments

The Kansas Department of Health and Environment is soliciting comments regarding a proposed air quality construction permit. Dobson Brothers Construction Company has applied for an air quality construction permit in accordance with the provisions of K.A.R. 28-19-300 for a portable concrete ready-mix plant. Emissions of particulate matter (PM) and PM less than or equal to 10 microns in diameter (PM₁₀) were evaluated during the permit re-

Dobson Brothers Construction Company, Lincoln, Nebraska, owns and operates the portable ready-mix con-

crete plant.

A copy of the proposed permit, permit application, all supporting documentation and all information relied upon during review of the permit application is available for public inspection for a period of 30 days from the date of publication during normal business hours at the KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka; and at the KDHE North Central District Office, 2501 Market Place, Suite D, Salina. To obtain or review the proposed permit and supporting documentation, contact Cheryl Evans, (785) 296-1574, at the KDHE central office; or Joan Ratzlaff, (785) 827-9639, at the KDHE North Central District Office. The standard departmental cost will be assessed for any copies requested.

Direct written comments or questions regarding the proposed permit to Cheryl Evans, KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka, 66612-1366. In order to be considered in formulating a final permit decision, written comments must be received

by the close of business July 15.

A person may request a public hearing be held on the proposed permit. The request for a public hearing shall be in writing and set forth the basis for the request. The written request must be submitted to Connie Carreno, Bureau of Air and Radiation, not later than the close of business July 15 in order for the Secretary of Health and Environment to consider the request.

Clyde D. Graeber Secretary of Health and Environment

Doc. No. 028039

Pooled Money Investment Board

Notice of Investment Rates

The following rates are published in accordance with K.S.A. 75-4210. These rates and their uses are defined in K.S.A. 12-1675(b)(c)(d), 75-4201(l) and 75-4209(a)(1)(B).

Effective 6-10-02 through 6-16-02

Term			Rate
1-89 days			1.74%
3 months	· · · · · ·		1.65%
6 months	,		1.86%
1 year			2.30%
18 months			2.79%
2 years		1	3.10%

Derl S. Treff Director of Investments

Doc. No. 028021

State of Kansas

Department of Health and Environment

Request for Comments

The Kansas Department of Health and Environment is soliciting comments regarding two proposed air quality permits. Menu Foods Midwest Corporation has applied for a construction permit in accordance with the provisions of K.A.R. 28-19-300 and a Class II operating permit in accordance with the provisions of K.A.R. 28-19-540. Emissions of nitrogen oxides, sulfur dioxide, carbon monoxide, volatile organic compounds and particulate matter were evaluated during the permit review process. The purpose of a Class II permit is to limit the potential-to-emit for these pollutants to below major source thresholds

Menu Foods Midwest Corporation owns and operates a pet food manufacturing facility located at 1400 E. Logan Ave., Emporia, at which the boiler is to be installed.

A copy of the proposed permits, permit applications, all supporting documentation and all information relied upon during the permit application review process is available for public review for a period of 30 days from the date of publication during normal business hours at the KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka; and at the KDHE Southeast District Office, 1500 W. 7th, Chanute To obtain or review the proposed permits and supporting documentation, contact Rick Bolfing, (785) 296-1576, at the KDHE central office; or Lynelle Stranghoner, (620) 431-2390, at the KDHE Southeast District Office. The standard departmental cost will be assessed for any copies requested.

Direct written comments or questions regarding the proposed permits to Rick Bolfing, KDHE, Bureau of Air and Radiation, 1000 S.W. Jackson, Suite 310, Topeka, 66612-1366. In order to be considered in formulating a final permit decision, written comments must be received by the close of business July 15.

A person may request a public hearing be held on the proposed permits. The request for a public hearing shall be in writing and set forth the basis for the request. The written request must be submitted to Connie Carreno, Bureau of Air and Radiation, not later than the close of business July 15 in order for the Secretary of Health and Environment to consider the request.

Clyde D. Graeber Secretary of Health and Environment

Doc. No. 028032

State of Kansas

Department of Health and Environment

Request for Comments

The Kansas Department of Health and Environment has drafted a permit for the City of Cimarron to operate a yard waste composting facility located in the Southwest 1/4 of Section 12, Township 26S, Range 28W, at 19505 O Road, Cimarron, in Gray County. KDHE is providing public notice of its intent to issue a yard waste composting facility permit for the City of Cimarron. The perspective permittee recently made submittals that place this yard waste composting facility in compliance with state regulations for solid waste processing facilities.

A copy of the administrative record, which includes the draft permit and all information regarding this permit action, is available for public review through July 15 during normal business hours, Monday through Friday, at the following locations:

Kansas Department of Health and Environment Permits Section Bureau of Waste Management 1000 S.W. Jackson, Suite 320 Topeka, 66612-1366 Contact: Ken Powell (785) 296-1121 Gray County Clerk Courthouse P.O. Box 487 Cimarron, 67835-0487 Contact: Bonnie Swartz

Anyone wishing to comment in writing on the draft permit information should submit written statements postmarked not later than July 15 to Ken Powell (KDHE). After consideration of all comments received, the director of the Division of Environment will make a final decision on whether to issue the permit. Notice of the decision will be given to anyone who submitted written comments during the comment period and to those who requested notice of the final permit decision.

Clyde D. Graeber Secretary of Health and Environment

Doc. No. 028030

(620) 855-3618

Department of Health and Environment

Request for Comments

The Kansas Department of Health and Environment and the U.S. Environmental Protection Agency (EPA) Region 7 are providing notice of intent to renew a Resource Conservation and Recovery Act (RCRA) permit to Exline, Inc. to perform post-closure care and remediation at the facility located in Salina. Exline is responsible under the RCRA for the continued remediation and monitoring at this facility, located at 3256 E. Country Club Road, Salina.

The facility obtained interim status as a hazardous waste treatment and storage facility in November 1980 and was assigned EPA identification number KSD007127327. The RCRA post-closure permit requires Exline to perform post-closure care and remediation for the Chrome Pond and implement the corrective action requirements. During the 10-year term of this permit, Exline is subject to inspection by the KDHE and the EPA to determine compliance with the requirements of the permit.

In October 1985, the State of Kansas received final authorization from the EPA to implement its own hazardous waste management program in lieu of the federal program, except for the portions covered by the 1984 Hazardous and Solid Waste Amendments (HSWA). The KDHE portion of the permit (Part I) will be issued under the authority of Kansas Statutes Annotated 65-3431 (i) and 65-3431 (s). The EPA portion of the permit (Part II) will be issued under the authority of Sections 3002 (b), 3004 (u) and (v), and 3005 of the RCRA.

Part I of the permit will require Exline to continue postclosure care for the Chrome Pond at the facility located in Salina in accordance with specific conditions of the permit. The EPA portion (Part II) of the permit will address the corrective action requirements of HSWA.

The permit application, draft permit, permit attachments and all data submitted by the applicant as part of the administrative record are available for public review June 17-August 2, Monday through Friday, at the following locations:

Kansas Department of Health and Environment Hazardous Waste Permits Section 1000 S.W. Jackson, Suite 320 Topeka, 66612-1366 Contact: Mostafa Kamal (785) 296-1609

Salina Public Library 301 W. Elm St. Salina, 67401 (785) 825-4624

U.S. Environmental Protection Agency Region VII Office - ARTD/RCAP Branch 901 N. 5th St. Kansas City, KS 66101 Contact: Jeffery Robichaud (913) 551-7662 Toll Free (800) 223-0425 Written comments related to this permit action can be submitted to Mostafa Kamal (KDHE) or to Jeffery Robichaud (EPA) at the above addresses, postmarked not later than August 2. As specified in 40 CFR 124.11, during the public comment period any interested person may request a public hearing. This request must be in writing and must state the nature of the issues proposed to be raised in the hearing. In the event that a hearing is requested, advance notice will be given to the public. In accordance with 40 CFR 124.12, during a public hearing, any person may submit oral or written statements and data concerning the draft permit or Part B Permit application.

After consideration of all comments received, the KDHE secretary and the EPA regional administrator will make a final permit decision. Notice of the decision will be given to the applicant, to all persons who submitted written comments, to those who commented at the public hearing (if held), and to those who requested notice of the final permit decision. If none of the comments received during the public comment period result in revisions to the draft permit, the permit will become effective immediately upon issuance of the final permit decision. If comments received during the public comment period result in revisions, the permit will become effective 30 days after service of notice of the final decision, or at a later date if a review is requested under 40 CFR 124.19

Clyde D. Graeber Secretary of Health and Environment

Doc. No. 028031

State of Kansas

Department of Health and Environment

Notice Concerning Kansas Water Pollution Control Permits

In accordance with Kansas Administrative Regulations 28-16-57 through 63, 28-18-1 through 15, 28-18a-1 through 32, 28-16-150 through 154, 28-46-7, and the authority vested with the state by the administrator of the U.S. Environmental Protection Agency, draft permits have been prepared and/or permit applications have been received for discharges to the waters of the United States and the State of Kansas for the class of discharges described below.

The determinations for permit content are based on staff review, applying the appropriate standards, regulations and effluent limitations of the State of Kansas and the EPA, and when issued will result in a State Water Pollution Control Permit and National Pollutant Discharge Elimination System Authorization subject to certain conditions.

All Kansas Department of Health and Environment district office addresses and telephone numbers are listed below.

Public Notice No. KS-AG-02-140/142 **Pending Permits for Confined Feeding Facilities**

Name and Address of Applicant Keating Farms, K & K West NE/4 of Section 31,

c/o Pat Keating 3063 26th Road Wheaton, KS 66551

Receiving Legal Description Water

Big Blue River Basin

T05S, R10E,

Marshall County

P.O. Box 418 Hoisington, KS 67544

Name and Address

Hoisington, City of

of Applicant

Waterway Little Cheney Creek via Various

Monitoring for ammonia and fecal coliform also will be required.

The permit requirements are pursuant to the Kansas Surface Water

Quality Standards, K.A.R. 28-16-28(b-f), and Federal Surface Water

Discharge Treated Domestic Wastewater

Type of

Tributaries

Criteria, and are technology based.

Kansas Permit No. M-AR45-OO01 Federal Permit No. KS0022454

Legal: NW14, S10, T18S, R13W, Barton County

Facility Description: The proposed action is to reissue an existing permit for operation of an existing wastewater treatment facility treating primarily domestic wastewater. The proposed permit includes limits for biochemical oxygen demand, total suspended solids and pH. Monitoring for ammonia and fecal coliform also will be required. The permit requirements are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f), and Federal Surface Water Criteria, and are technology based.

Name and Addres	
Turon, City of	
P.O. Box 366	
Turon, KS 67583	

Type of Waterway Discharge North Fork Treated Domestic Ninnescah River Wastewater

via Silver Creek via **Unnamed Tributary**

Kansas Permit No. M-AR89-OO01

Federal Permit No. KS0115070

Legal: N1/2, S9, T26S, R10W, Reno County

Facility Description: The proposed action is to reissue an existing permit for operation of an existing wastewater treatment facility treating primarily domestic wastewater. The proposed permit includes limits for biochemical oxygen demand, total suspended solids and pH. Monitoring for ammonia and fecal coliform also will be required. The permit requirements are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f), and Federal Surface Water Criteria, and are technology based.

Name and Address of Applicant De Soto, City of De Soto City Hall 32905 W. 84th St.

Waterway Kansas River via Kill Creek

Type of Discharge **Process** Wastewater

De Soto, KS 66018

Facility Name: De Soto (SAAP) Water Treatment Plant Facility Address: 35425 W. 103rd St., De Soto, KS 66018

Kansas Permit No. I-KS12-PO07 Federal Permit No. KS0094536

Legal: NW1/4, S17, T13S, R22E, Johnson County

Facility Description: The proposed action is to reissue an existing permit for operation of an existing two-cell wastewater treatment lagoon treating filter backwash and lime softening slurry from the water treatment plant. The proposed permit includes limits for total suspended solids, total residual chlorine and pH. The permit requirements are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f), and Federal Surface Water Criteria, and are water-quality based.

Name and Address	
of Applicant	
Martin Marietta Materials	
Inc.	•
P.O. Box 1270	

Olathe, KS 66051

Waterway Verdigris River via Various Tributaries

Type of Discharge Treated Washwater, Pit Dewatering & Stormwater Runoff

Facility Name: Severy/Blake Quarry

Kansas Permit No. I-VE34-PO01 Federal Permit No. KS0090263

Legal: Portion of Sections 10, 11, 12, 14, 22 and 23, T28S, R11E, Elk and **Greenwood Counties**

Facility Description: The proposed action is to reissue an existing permit for the discharge of wastewater during quarry operation. This facility is a limestone quarrying and crushing operation with washing. The proposed permit includes limits for total suspended solids and

Kansas Permit No. A-BBMS-S039

This is a renewal of a current permit for an existing facility for 2,000 head (800 animal units) of swine greater than 55 pounds.

Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided that meets or exceeds KDHE minimum requirements. The manure/ waste management plan most recently approved by the department shall be adhered to as a condition of the permit.

Name and Address of Applicant
M & P Farms, Inc.
c/o Marc Cooper
2438 E. 149th St.
Carbondale, KS 66414
· ·

Legal Description SW/4 of Section 27,

Receiving Water Kansas River

Receiving

T14S, R16E, Osage Basin

County

Kansas Permit No. A-KSOS-B001

This is a permit renewal and reduction in head count for an existing facility for 180 head (180 animal units) of cattle greater than 700 pounds and for 180 head of cattle 700 pounds or less (90 animal units), for a total of 270 animal units.

Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided that meets or exceeds KDHE minimum requirements. The manure/ waste management plan most recently approved by the department shall be adhered to as a condition of the permit.

Name and Address
of Applicant
Winifred Feedlot
c/o Steven Keating
1731 18th Road
Frankfort, KS 66427

Legal Description NE/4 of Section 26, T03S, R08E,

Water Big Blue River Basin

Marshall County

Kansas Permit No. A-BBMS-C001 Federal Permit No. KS0080365

This is a modification and name change of a current permit for an existing facility for 2,900 head (2,900 animal units) of cattle greater than 700 pounds by including 50 dogs (2 animal units), for a total of 2,902

Soil sampling and analysis shall be conducted on soils from manure and wastewater application fields determined by the department to be located in a sensitive groundwater area and that have received manure or wastewater within the previous five five years. The sampling and analysis shall be conducted at least once during the first three years of each five-year permit cycle if wastes are applied to the field.

Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided that meets or exceeds KDHE minimum requirements. The manure/ waste management plan most recently approved by the department shall be adhered to as a condition of the permit.

Public Notice No. KS-02-091/96

Name and Address Type of of Applicant Waterway Discharge Belle Plaine, City of Ninnescah River Treated Domestic P.O. Box 157 via Unnamed Wastewater Belle Plaine, KS 67013 Tributary

Kansas Permit No. M-AR09-OO03 Federal Permit No. KS0094978 Legal: SE1/4, S2, T31S, R1E, Sumner County

Facility Description: The proposed action is to reissue an existing permit for operation of an existing wastewater treatment facility treating primarily domestic wastewater. The proposed permit includes limits for biochemical oxygen demand, total suspended solids and pH.

pH. The permit requirements are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f), and Federal Surface Water Criteria, and are water-quality based.

Name and Address of Applicant Trinity United Methodist Church 1602 N. Main St.

Kansas Permit No. I-AR49-CO19

Hutchinson, KS 67501

Waterway Type of Discharge
Arkansas River via Noncontac

Cow Creek via City Storm Sewer

Noncontact y Cooling Water

Federal Permit No. KS0091065

Legal: NE1/4, S12, T23S, R6W, Reno County

Facility Description: The proposed action is to reissue an existing permit for the discharge of noncontact cooling water. About 28,000 gallons per day of chemical additives-free well water from an on-site well is used for one pass noncontact cooling in a water cooled chiller prior to discharge into the city storm sewer from April to October. Monitoring of the effluent will not be required unless there is a significant change in the quality or quantity of the subject discharge. Included in this permit is a schedule of compliance requiring the permittee to have a representative sample of the supply well water collected by a KDHE-certified laboratory and analyzed for tetrachloroethylene (PCE) and chloride, within 30 days of the issuance of this permit. The permit requirements are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-e), and Federal Surface Water Criteria, and are water-quality based.

Public Notice No. KS-ND-02-021/022

Name and Address of Applicant Downs, City of c/o City Clerk 715 Railroad Ave. Downs, KS 67437 Legal Location NE, S29, T6S, Type of Discharge Nonoverflow

R11W, Osborne

Ave. County

Kansas Permit No. I-SO12-NP01 Facility Name: RC Pork, Inc.

Facility Location: Highway 24 West, Downs, KS 67437

Facility Description: The proposed action is to reissue an existing permit for operation of an existing wastewater treatment facility treating process wastewater. This facility is a hog slaughtering operation. The wastewater treatment system is municipally owned and consists of a lift station and splitter box, and a six-cell earthen wastewater stabilization lagoon system including two anaerobic cells and four aerobic cells. The city proposes to construct another aerobic cell. To help maintain the required free board, wastewater from the final cell may be used for irrigation of crop or forage production. Discharge of wastewater from this treatment facility to surface waters of the State of Kansas is prohibited by this permit. The permit requirements are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f).

Name and Address of Applicant Rob Phillips Legal Location NW1/4, S18, T12S, R20E, Douglas County Type of Discharge Nonoverflow

Kansas Carriage Company, Inc.

1431 N. 1900 Road Lawrence, KS 66044

Kansas Permit No. C-KS31-NO05

Facility Name: Victorian Veranda Farm Bed and Breakfast

Facility Description: The proposed action is to reissue an existing permit for operation of an existing wastewater treatment facility treating domestic wastewater. Included in this permit is a schedule of compliance requiring the permittee to obtain the services of a KDHE-certified wastewater treatment plant operator to achieve compliance with its permit. Discharge of wastewater from this treatment facility to surface waters of the State of Kansas is prohibited by this permit. The permit requirements are pursuant to the Kansas Surface Water Quality Standards, K.A.R. 28-16-28(b-f).

Persons wishing to comment on or object to the draft permits and/or permit applications must submit their comments in writing to the Kansas Department of Health and Environment if they wish to have the comments or objections considered in the decision making process. Comments or objections should be submitted to the attention of Glenda Newquist for agricultural permits or applications, or to the permit clerk for all other permits, at the Kansas Department of Health and Environment, Division of Environment, Bureau of Water, 1000 S.W. Jackson, Suite 420, Topeka, 66612-1367.

All comments regarding the draft permit or application notice postmarked or received on or before July 13 will be considered in the formulation of final determinations regarding this public notice. Please refer to the appropriate Kansas permit number (KS-AG-02-140/142, KS-02-091/096, KS-ND-02-021/022) and name of applicant/appli-

cation as listed when preparing comments.

If no objections are received during the public notice period regarding any proposed permit, the Secretary of Health and Environment will issue the final determination regarding issuance or denial of the proposed permit. If response to this notice indicates significant public interest, a public hearing may be held in conformance with K.A.R. 28-16-61 (28-46-21 for UIC). Media coordination for publication and/or announcement of the public notice or public hearing is handled by the Kansas Department of Health and Environment.

For agricultural permits and applications, a copy of the permit application, supporting documentation and a KDHE-developed fact sheet, if appropriate, is available

for review at the appropriate district office:

Northwest District Office, 2301 E. 13th, Hays, 67601-2651, (785) 625-5664

North Central District Office, 2501 Market Place, Salina, 67401-7699, (785) 827-9639

Northeast District Office, 800 W. 24th, Lawrence, 66046-4417, (785) 842-4600

Southwest District Office, 302 W. McArtor Road, Dodge City, 67801-6098, (620) 225-0596

South Central District Office, 130 S. Market, 6th Floor, Wichita, 67202-3802, (316) 337-6020

Southeast District Office, 1500 W. 7th, Chanute, 66720, (620) 431-2390

Application information and components of plans and specifications for all new facilities and for expansions of existing swine facilities may be reviewed on the Internet at http://www.kdhe.state.ks.us/feedlots.

For all other proposed permits, the draft permit(s), including proposed effluent limitations and special conditions, fact sheets as appropriate, comments received and other information, are on file and may be inspected at the offices of the Kansas Department of Health and Environment, Bureau of Water.

Division of Environment offices are open from 8 a.m. to 5 p.m. Monday through Friday, excluding holidays. These documents are available upon request at the copying cost assessed by KDHE. Additional copies of this public notice also may be obtained at the Division of Environment.

Clyde D. Graeber Secretary of Health and Environment

Doc. No. 028037

Attorney General

Notice of Available Grant Funding

Grant funds are available from the federal S.T.O.P. Violence Against Women Grant Program for fiscal year October 1, 2002 through September 30, 2003. The purpose of this grant program is to fund units of state or local government and private not-for-profit organizations in developing strategies and enhancing victim services in cases involving violent crimes against women.

The allocation of grant awards must reflect that each federal fiscal year grant award will be allocated to each of the following areas: 25 percent law enforcement and prosecution, 5 percent to courts, 30 percent to not-for-profit victim service providers and 15 percent to discretionary grant projects. Federal S.T.O.P. Violence Against Women Grant funds cannot be used to supplant state and local funds that would otherwise be available for targeting violent crimes against women.

Grant applications may be obtained by contacting the office of the Kansas Attorney General, 2nd Floor, Memorial Hall, 120 S.W. 10th Ave., Topeka, 66612-1597, (785) 368-7063 or (800) 828-9745. Applications also may be accessed via the Internet at www.ink.org/public/ksag. This is to obtain a printed copy only. Applications cannot be submitted online.

All grant applications are to be postmarked by July 1. No applications will be accepted after that date.

Carla J. Stovall Attorney General

Doc. No. 028022

State of Kansas

State Corporation Commission

Notice of Motor Carrier Applications

The following motor carriers have filed various applications. All applications listed herein are for statewide authority, unless otherwise stated.

Requests to inspect and copy the notices provided to the parties and questions in regard to these applications should be addressed to the State Corporation Commission, Transportation Division, 1500 S.W. Arrowhead Road, Topeka, 66604-4027, (785) 271-3225 or 271-3151. For general inquiries, contact Vickie Berg at (785) 271-3225. To lodge an official complaint, submit your protest in writing, supported by relevant facts, to Mike J. Hoeme, Director of Transportation, at the address above within 20 days of the date of publication of this notice.

Applications for Certificate of Public Service:

Absolute Recovery & Towing, Inc., 4120 S. Broadway, Wichita, KS 67216; MC ID No. 159868; Wrecked, disabled, repossessed and replacement vehicles

Antelope Creek Cattle Co., 117 N. Maple, Gordon, NE 69343; MC ID No. 156375; General commodities (except household goods and hazardous materials)

Ricardo Diaz, dba Diaz Trucking, 5757 E. Old Post Road, Garden City, KS 67846; MC ID No. 161810; General commodities (except household goods and hazardous materials)

Stephen E. Eisenhauer, dba Eisenhauer Trucking, Route 1, Box 202, Liberal, KS 67901; MC ID No. 159866; General commodities (except household goods and hazardous materials)

Robert R. Gilmore, dba Lyons Tank Service, 1465 St. Road, #14, Lyons, KS 67554; MC ID No. 159873; Salt water,

Dennis W. Grothen, 6225 S. Osage Ave., Hastings, NE 68901; MC ID No. 151469; General commodities (except household goods)

Michael D. Hurd, 3960 W. Lincoln Ave., Ayr, NE 68925; MC ID No. 155499; General commodities (except household goods and hazardous materials)

Johnston Distributing, Inc., Rural Route, Thedford, NE 69166; MC ID No. 159867; General commodities (except household goods and hazardous materials)

Richard D. Long, 1319 Court St., Scott City, KS 67871; MC ID No. 159875; Wrecked, disabled, repossessed and replacement vehicles

Kenneth L. McGlothlin, dba Towing & Repossession, 4205 S. Broadway, Wichita, KS 67216; MC ID No. 159872; Wrecked, disabled, repossessed and replacement vehicles

John Pressgrove, dba Direct Delivery, 4630 S.E. 2nd St., Tecumseh, KS 66542; MC ID No. 152139; General commodities (except household goods and hazardous materials)

Dudley Quick, 1672 Highway 54, Fort Scott, KS 66701-9249; MC ID No. 102499; General commodities (except household goods and hazardous materials)

R & M, Inc., 1455 Ave. J, Lyons, KS 67554; MC ID No. 159864; William Barker, Attorney; General commodities (except household goods and hazardous materials)

Jerry R. Robinson and Teri M. Robinson, dba Bowen's Service, 10995 U.S. Hwy. 59, Atchison, KS 66002; MC ID No. 159871; General commodities (except household goods and hazardous materials)

George Sage, dba Sage Oil Co., Randolph Street, Virgil, KS 66870; MC ID No. 159870; Salt water

Stuckenschneider Trucking LLC, 31677 Audrain Road 716, Martinsburg, MO 65264; MC ID No. 103837; General commodities (except household goods)

Swine Transportation Services, L.L.C., 504 W. 1500 Road, Long Island, KS 67647; MC ID No. 159865; Joseph Weiler, Attorney; General commodities (except Classes A and B explosives, household goods and hazardous materials)

The Brothers Company, Inc., 2405 Merriam Lane, Kansas City, KS 66106; MC ID No. 161817; General commodities (except household goods and hazardous materials)

Darwin Velasquez, dba Velasquez Trucking, 4101 E. Hwy. 50, #95, Garden City, KS 67846; MC ID No. 161609; General commodities (except household goods and hazardous materials)

Wertenberger Transportation, LLC, Route 3, Box 123A, Sabetha, KS 66534; MC ID No. 159861; General commodities (except household goods and hazardous materials)

Application for Transfer of Certificate of Public Service:

JCM Trucking, Inc., 120 S. 2nd St., Dighton, KS 67839, MC ID No. 101332, to Wick Grain Trucking, Inc., 750 E. Long, Dighton, KS 67839; William Barker, Attorney; Grain, feed, feed ingredients, livestock and machinery

Mike J. Hoeme, Director Transportation Division

Doc. No. 028043

State Corporation Commission

Notice of Motor Carrier Hearings

The following motor carriers have filed various applications and are scheduled for hearing at 9:30 a.m. July 2 before the commission at its offices, 1500 S.W. Arrowhead Road, Topeka, as indicated below. All applications listed herein are for statewide authority unless otherwise stated. This list does not include cases that have been continued from earlier assigned hearing dates for which parties of record have received notice.

Requests to inspect and copy the notices provided to the parties and questions in regard to these hearings should be addressed to the State Corporation Commission, Transportation Division, 1500 S.W. Arrowhead Road, Topeka, 66604-4027, (785) 271-3225 or 271-3151. The presiding officer for these matters is Paula Lentz, Assistant General Counsel, (785) 271-3279. Anyone needing special accommodations should give notice to the commission 10 days prior to the scheduled hearing date.

Attention should be directed to Kansas Administrative Regulation 82-1-228, "Rules of Practice and Procedure Before the Commission."

Applications for Certificate of Convenience and Necessity:

Mail Plus, Inc., dba Box Doctor By Mail Plus, 1156 W. 103rd, Kansas City, MO 64114; MC ID No. 159869; Household goods

2 Guys & A Truck, Inc., 520 N. Washington, Wichita, KS 67214-3838; MC ID No. 159862; William Barker, Attorney; General commodities (except hazardous materials)

Whistle Movers and Delivery, Inc., 14312 W. 90 Court, Lenexa, KS 66215; MC ID No. 159874; Household goods

Application for Extension of Certificate of Public Service:

David M. Brull, dba Brull Trucking & Harvesting, 3801 Jupiter Hills Drive, Hutchinson, KS 67502; MC ID No. 137122; Household goods and general commodities (except hazard-ous materials)

Applications for Abandonment of Certificate of Public Service:

Robert S. Gilmore, dba Gilmore Tank Service, 212 W. Ave. A, Chase, KS 67524; MC ID No. 121686

Brandon L. Herrmann, 4790 Kansas 31 Hwy., Blue Mound, KS 66010; MC ID No. 155192

Gary Mehl, 800 W. Lark, Sublette, KS 67877; MC ID No. 159175 Loren A. Percival, dba Percival Trucking, Route 1, Box 10, Grinnell, KS 67738; MC ID No. 148128

Warner Ranch Trucking, Inc., 18745 16 Road, Cimarron, KS 67835-0309; MC ID No. 130116

Greg Wedel, dba Greg Wedel Trucking, 3283 Bison, Durham, KS 67438; MC ID No. 157327

Mike J. Hoeme, Director Transportation Division

Doc. No. 028044

(Published in the Kansas Register June 13, 2002.)

Summary Notice of Bond Sale City of Maple Hill, Kansas \$200,000

General Obligation Bonds, Series 2002

(General obligation bonds payable from unlimited ad valorem taxes)

Bids

Subject to the notice of bond sale dated June 3, 2002, written bids will be received by the clerk of the City of Maple Hill, Kansas (the issuer), on behalf of the governing body at 2nd and Main, P.O. Box 215, Maple Hill, KS 66507, until 5 p.m. June 24, 2002, for the purchase of \$200,000 principal amount of General Obligation Bonds, Series 2002. No bid of less than 98.5 percent of the principal amount of the bonds and accrued interest thereon to the date of delivery will be considered.

Bond Details

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The bonds will be dated July 1, 2002, and will become due on September 1 in the years as follows:

Year	Principal Amount
2003	\$20,000
2004	20,000
2005	25,000
2006	30,000
2007	30,000
2008	15,000
2009	15,000
2010	15,000
2011	15,000
2012	15,000
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The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on March 1 and September 1 in each year, beginning March 1, 2003.

Book-Entry-Only System

The bonds will be registered under a book-entry-only system administered through DTC.

Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas

Good Faith Deposit

Each bid shall be accompanied by a good faith deposit in the form of a cashier's or certified check drawn on a bank located in the United States or a qualified financial surety bond in the amount of \$4,000 (2 percent of the principal amount of the bonds).

Delivery

The issuer will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or about July 10, 2002, to DTC for the account of the successful bidder.

Assessed Valuation and Indebtedness

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 2002 is \$2,517,390. The total general obligation indebtedness of the issuer as of the date of delivery of the bonds, including the bonds being sold, is \$200,000.

Approval of Bonds

The bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, Kansas, bond counsel, whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the issuer, printed on the bonds and delivered to the successful bidder when the bonds are delivered.

Additional Information

Additional information regarding the bonds may be obtained from the clerk at the address shown above, (785) 256-4272, or from the financial advisor, Ranson Financial Consultants, L.L.C., 120 S. Market, Suite 200, Wichita, KS 67202, Attention: John Haas, (316) 264-3400, fax (316) 265-5403.

Dated June 3, 2002.

City of Maple Hill, Kansas

Doc. No. 028035

(Published in the Kansas Register June 13, 2002.)

Summary Notice of Bond Sale City of McPherson, Kansas \$970,000

General Obligation Bonds, Series 126 of 2002

(General obligation bonds payable from unlimited ad valorem taxes

Bids

Subject to the notice of bond sale dated June 10, 2002, written bids will be received by the clerk of the City of McPherson, Kansas (the issuer), on behalf of the governing body at the Municipal Building, 400 E. Kansas Ave., McPherson, KS 67460, until 11 a.m. June 25, 2002, for the purchase of \$970,000 principal amount of General Obligation Bonds, Series 126 of 2002. No bid of less than 100 percent of the principal amount of the bonds and accrued interest thereon to the date of delivery will be considered.

Bond Details

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The bonds will be dated July 1, 2002, and will become due on August 1 in the years as follows:

Year	Principal Amount
2003	\$50,000
2004	 55,000
2005	55,000
2006	60,000
2007	65,000
2008	65,000
2009	65,000
2010	70,000
2011	70,000
2012	75,000

2013	27.7	60,000
2014		65,000
2015		70,000
 2016		70,000
2017		75,000

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on February 1 and August 1 in each year, beginning February 1, 2003.

Optional Book-Entry-Only System

The successful bidder may elect to have the bonds registered under a book-entry-only system administered through DTC.

Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas.

Good Faith Deposit

Each bid shall be accompanied by a good faith deposit in the form of a cashier's or certified check drawn on a bank located in the United States or a qualified financial surety bond in the amount of \$19,400 (2 percent of the principal amount of the bonds).

Delivery

The issuer will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or about July 11, 2002, to DTC for the account of the successful bidder or at such bank or trust company in the contiguous United States as may be specified by the successful bidder, or elsewhere at the expense of the successful bidder.

Assessed Valuation and Indebtedness

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 2001 is \$92,943,470. The total general obligation indebtedness of the issuer as of the date of delivery of the bonds, including the bonds being sold but excluding temporary notes to be retired in conjunction therewith, is \$14,385,000.

Approval of Bonds

The bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, Kansas, bond counsel, whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the issuer, printed on the bonds and delivered to the successful bidder when the bonds are delivered.

Additional Information

Additional information regarding the bonds may be obtained from the clerk, (620) 245-2535, fax (620) 245-2549; or from the financial advisor, Stifel, Nicolaus & Company, Inc., 301 N. Main, Suite 1800, Wichita, KS 67202, Attention: Pat Hinojos, (316) 337-8498, fax (316) 337-8492.

Dated June 10, 2002.

City of McPherson, Kansas

Doc. No. 028047

Information Network of Kansas

Notice of Meeting

The Information Network of Kansas Board of Directors will meet at noon Thursday, June 20, in the offices of the Kansas Technology Enterprise Corporation, second floor conference room, 214 S.W. 6th, Topeka. The meeting is open to the public. For additional information, call (785) 296-1460.

Jim Hollingsworth
Executive Director

Doc. No. 028027

(Published in the Kansas Register June 13, 2002.)

Summary Notice of Bond Sale Unified School District No. 460 Harvey County, Kansas (Hesston) \$13,700,000

General Obligation School Building Bonds Series 2002

(General obligation bonds payable from unlimited ad valorem taxes)

Bids

Subject to the notice of bond sale dated May 20, 2002, sealed, facsimile and electronic bids will be received by the clerk of Unified School District No. 460, Harvey County, Kansas (Hesston) (the issuer), in the case of sealed and facsimile bids, on behalf of the governing body at the office of the Board of Education, 150 N. Ridge Road, Hesston, KS 67062, and in the case of electronic bids, through i-Deal's BiDCOMP/PARITY® electronic bid submission system, until 4:30 p.m. June 24, 2002, for the purchase of \$13,700,000 principal amount of General Obligation School Building Bonds, Series 2002. No bid of less than 100 percent of the principal amount of the bonds and accrued interest thereon to the date of delivery will be considered.

Bond Details

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The bonds will be dated June 1, 2002, and will become due on September 1 in the years as follows:

Year			rincipal Lmount
2003		\$	70,000
2004			190,000
2005		, .	320,000
2006		1	355,000
2007			395,000
2008			435,000
2009	· · · · · · · · · · · · · · · · · · ·		475,000
2010			520,000
2011		*	570,000
2012			620,000
2013.			675,000
2014	t v		730,000
2015			790,000
2016			855,000

			. <i>9</i>
	2017	医马性畸胎	925,000
s vi	2018	Legis Garage	995,000
	2019		1,070,000
	2020		1,150,000
	2021		1,235,000
	2022		1,325,000

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on March 1 and September 1 in each year, beginning March 1, 2003.

Optional Book-Entry-Only System

The successful bidder may elect to have the bonds registered under a book-entry-only system administered through DTC.

Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas.

Good Faith Deposit

Each bid shall be accompanied by a good faith deposit in the form of a cashier's or certified check drawn on a bank located in the United States or a qualified financial surety bond in the amount of \$274,000 (2 percent of the principal amount of the bonds).

Delivery

The issuer will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or about July 24, 2002, to DTC for the account of the successful bidder or at such bank or trust company in the contiguous United States as may be specified by the successful bidder, or elsewhere at the expense of the successful bidder.

Assessed Valuation and Indebtedness

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 2001 is \$37,895,443. The total general obligation indebtedness of the issuer as of the date of delivery of the bonds, including the bonds being sold, is \$13,950,000.

Approval of Bonds

The bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, Kansas, bond counsel, whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the issuer, printed on the bonds and delivered to the successful bidder when the bonds are delivered.

Additional Information

Additional information regarding the bonds may be obtained from the clerk, (620) 327-4931, fax (620) 327-7157; or from the financial advisor, Claymore Securities, Inc., 250 N. Rock Road, Suite 150, Wichita, KS 67206-2241, Attention: Stephen E. Shogren, (316) 681-3123, fax (316) 681-3147.

Dated May 20, 2002.

Unified School District No. 460 Harvey County, Kansas (Hesston)

Doc. No. 028028

(Published in the Kansas Register June 13, 2002.)

Summary Notice of Bond Sale City of Towanda, Kansas \$542,909

General Obligation Internal Improvement Bonds Series A, 2002

(General obligation internal improvement bonds payable from unlimited ad valorem taxes)

Details of the Sale

Subject to the terms and conditions of the complete official notice of bond sale dated as of May 29, 2002, of the City of Towanda, Kansas, in connection with the city's General Obligation Internal Improvement Bonds, Series A, 2002, hereinafter described, written bids for the purchase of the bonds shall be received at the office of the city clerk at City Hall, 110 S. 3rd, Towanda, KS 67144, or by telefacsimile (if accompanied by a timely delivered original executed bid form and the required good faith deposit or evidence of surety bond) at (316) 536-2737, until 7 p.m. Wednesday, June 26, 2002. All bids shall be disclosed publicly and tabulated or compared on said date at 7 p.m. at Towanda City Hall and shall thereafter be immediately considered and acted upon by the city.

No oral or auction bids for the bonds shall be considered, and no bids for less than 100 percent of the total principal amount of the bonds and accrued interest to the date of delivery shall be considered.

Bids shall be accepted only on the official bid form that has been prepared for the public bidding on these bonds, which may be obtained from the city clerk or the city's financial advisor. Bids may be submitted by mail, delivered in person, or submitted by telefacsimile at (316) 536-2737, but only if the city or city's financial advisor is in possession of both an original executed bid form and the required good faith deposit or evidence of surety bond. All bids must be received at the place and not later than the date and time hereinbefore specified. Neither the city, its bond counsel, its financial advisor, nor any officer or employee of the city shall be deemed to have any liability whatsoever in connection with the failure of any electronic or telefacsimile equipment or any other occurrence resulting in disqualification or failure by the city to receive a bid. Each bid shall be accompanied by a good faith deposit in the form of a certified or cashier's check drawn on a bank located within the United States and made payable to the order of the city, or in the form of a financial surety bond payable to the order of the city and meeting requirements therefor as set forth in the official notice of bond sale, and shall be in an amount equal to 2 percent of the principal amount of the bonds.

Details of the Bonds

The bonds to be sold are in the aggregate principal amount of \$542,909 and shall bear a dated date of July 15, 2002. The bonds shall be issued as fully registered bonds in denominations of \$5,000, or any integral multiple thereof not exceeding the principal amount of the bonds maturing in any year, except for one bond in the denomination of \$2,909 maturing October 1, 2003. The bonds shall bear interest, payable as hereinafter set forth, at the rates specified in even multiples of ½th or ½oth of 1 per-

cent by the successful bidder for the bonds. Interest on the bonds shall be payable semiannually on April 1 and October 1 of each year, commencing April 1, 2003, and the bonds shall mature serially on October 1 in each of the years and principal amounts as follows:

Maturity Schedule

Principal	Maturity
Amount	Date
\$17,909	2003
25,000	2004
30,000	2005
30,000	2006
30,000	2007
30,000	2008
35,000	2009
35,000	2010
40,000	2011
40,000	2012
40,000	2013
45,000	2014
45,000	2015
50,000	2016
50,000	2017

Redemption of Bonds

Certain of the bonds are subject to optional redemption prior to their maturities as set forth in the official notice of bond sale. Additionally, a bidder may elect to have all or a portion of the bonds shown in the above maturity schedule issued as term bonds, which would be subject to mandatory redemption requirements. (Reference is made to the official notice of bond sale for complete details regarding redemption of the bonds.)

Payment of Principal and Interest

The Kansas State Treasurer shall serve as the bond registrar and paying agent for the bonds, and the principal of the bonds shall be paid upon surrender at the paying agent's principal offices in the City of Topeka, Kansas. Interest shall be paid by the mailing of a check or draft of the paying agent to the registered owners of the bonds.

Book-Entry Option

The successful bidder may elect to have the bonds registered under a book-entry-only system administered through the Depository Trust Company, New York, New York (DTC).

Security for the Bonds

The bonds and the interest thereon constitute general obligations of the city, and the full faith, credit and resources of the city will be pledged to the payment thereof. The bonds shall be payable as to both the principal of and the interest thereon, in part, from the collection of special assessment taxes that have been levied against certain real properties in the city. To the extent the proceeds of such special assessment taxes are insufficient, the city is obligated to levy ad valorem taxes without limitation as to rate or amount upon all of the taxable tangible property within the territorial limits of the city for the purpose of paying the bonds and the interest thereon.

Delivery of the Bonds

The bonds, duly printed, executed and registered, shall be furnished and delivered at the expense of the city to the successful bidder, or at its direction, on or about July 23, 2002, at such bank or trust company or other qualified depository in the contiguous United States, as may be specified by the successful bidder. Delivery elsewhere shall be made at the expense of the successful bidder.

Legal Opinion

The bonds will be sold subject to the legal opinion of Triplett, Woolf & Garretson, LLC, Wichita, Kansas, bond counsel, whose fees will be paid by the city. Bond counsel's approving legal opinion as to the validity of the bonds will be printed on the bonds and delivered to the successful bidder upon delivery of the bonds. (Reference is made to the official notice of bond sale for a discussion of tax exemption and other legal matters.)

Financial Matters

The city's current equalized assessed tangible valuation is as follows:

Assessed Tangible Valuation of
Taxable Tangible Property \$4,675,903
Taxable Value of Motor Vehicles \$1,336,428
Assessed Tangible Valuation for Debt
Limit Computation \$6,012,331

K.S.A. 10-308 provides that the authorized and outstanding bonded indebtedness of any city shall not exceed 30 percent of the assessed valuation of the city. As of July 15, 2002, the city's gross outstanding debt, including the bonds, will be \$592,909, which excludes temporary notes outstanding in the amount of \$505,000, which will be retired out of the proceeds of the bonds herein offered for sale. The city's total indebtedness that is subject to debt limitation, as of July 15, 2002, will be \$169,107.80, which is 2.81 percent of the assessed valuation of the city.

Official Statement

The city has prepared a preliminary official statement relating to the bonds, copies of which may be obtained from the city or the city's financial advisor. The preliminary official statement is in a form "deemed final" by the city for the purpose of Securities and Exchange Commission Rule 15c2-12(b)(1), but is subject to revision, amendment and completion in the final official statement. Upon the sale of the bonds, the city shall furnish the successful bidder with a reasonable number of copies of the final official statement, without additional cost, upon request. Copies of the final official statement in excess of a reasonable number may be ordered by the successful bidder at its expense.

Continuing Disclosure

Securities and Exchange Commission Rule 15c2-12 provides that brokers, dealers and municipal securities dealers must comply with certain requirements before acting as an underwriter in a primary offering of municipal securities with an aggregate principal amount of \$1,000,000 or more.

The bonds described herein will be offered in a primary offering with an aggregate principal amount of less than \$1,000,000. Accordingly, in the opinion of bond counsel,

the offering and sale of the bonds described herein does not constitute an offering as defined by the rule, and the requirements of the rule do not apply to brokers, dealers and municipal securities dealers acting as underwriters in connection with the bonds described herein.

Additional Information

For additional information regarding the city, the bonds and the public sale, interested parties are invited to request copies of the complete official notice of bond sale and the official bid form and the city's preliminary official statement for the bonds, all of which may be obtained from the city clerk at the address and telephone number shown below or from the financial advisor, Jerry D. Rayl, Davidson Securities, a division of Gold Capital Management, Inc., 245 N. Waco, Suite 525, Wichita, KS 67202, (316) 265-9411.

City of Towanda, Kansas By Jo Miller City Clerk City Hall, 110 S. 3rd Towanda, KS 67144 (316) 536-2243 Fax (316) 536-2737

Doc. No. 028033

State of Kansas

Secretary of State

Certification of New State Laws

I, Ron Thornburgh, Secretary of State of the State of Kansas, do hereby certify that the following bill is a correct copy of the original enrolled bill now on file in my office.

Ron Thornburgh Secretary of State

(Published in the Kansas Register June 13, 2002.)

SENATE Substitute for HOUSE BILL No. 2034

An Act concerning natural gas; reviving and amending K.S.A. 55-102 and repealing the revived section; also repealing K.S.A. 55-102, as amended by section 1 of 2002 House Bill No. 3031.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 55-102 is hereby revived and amended to read as follows: 55-102. (a) Except as provided in subsection (b), it shall be unlawful for any person, firm or corporation having possession or control of any natural-gas or natural gas well, oil well or coalbed natural gas well, whether as a contractor, owner, lessee, agent or manager, to use or permit the use of gas by direct well pressure for pumping of oil or for blowing oil out of wells, or for operating any machinery by direct well pressure of gas, or to allow or permit the flow of gas or oil from any such well to escape into the open air without being confined within such well or proper pipes or other safe receptacle for a longer period than two days after gas or oil shall have been struck in such well, except that a reasonable time, not exceeding five days, shall be allowed such contractor, owner, lessee, agent or manager, in addition to such two days, in which to place in the well the casing, tubing, packers and other appliances necessary to properly operate the same and obtain the products therefrom or, in case such contractor, owner, lessee, agent or manager shall not desire to operate such well, to securely enclose the same, so as to prevent the escape of oil or gas therefrom, and thereafter all such gas or oil shall be safely and securely confined in such well, pipes, or other proper receptacle. The

provisions of this section shall not be construed to apply to the escape of gas or oil during continuous drilling. Any person violating any of the provisions of this section shall be deemed guilty of a misdemeanor, and shall be fined in the sum not less than \$50 nor more than \$200, or by imprisonment in the county jail for not less than 30 days nor more than six months, and each day that the violation continues shall constitute a separate offense.

(b) Natural gas produced from natural gas wells or in connection with the production of oil, or coalbed natural gas produced from coal seams or associated shale, may be flared, vented or used in any manner if such use or, flaring or venting is authorized by an order, rule or regulation order or rules and regulations of the state corporation commission.

Sec. 2. K.S.A. 55-102, as revived by section 1, and K.S.A. 55-102, as amended by section 1 of 2002 House Bill No. 3031, are hereby repealed. Sec. 3. This act shall take effect and be in force from and after its

publication in the Kansas register.

State of Kansas

Social and Rehabilitation Services

Permanent Administrative Regulations

Article 4.—PUBLIC ASSISTANCE PROGRAM

30-4-90. Eligibility factors specific to the GA program. (a) To be eligible for GA, each applicant or recipient shall meet the applicable general eligibility requirements of K.A.R. 30-4-50, and the specific eligibility requirements set forth below.

(1) Each applicant or recipient, and the members of the assistance family group for whom the applicant or recipient is legally responsible, shall be ineligible for GA under either of the following circumstances:

(A) The applicant or recipient is eligible for a federal

program.

(B) The applicant or recipient has been denied or rendered ineligible for a federal program due to a voluntary action on the part of the applicant or recipient.

(2) Each applicant or recipient and each person for whom the applicant or recipient is legally responsible, if living together, shall be within at least one of the following categories to be eligible for GA:

(A) A person whose presence is required at home because another member of the home has a verified condition that meets the criteria in paragraph (a)(2)(B) and that does not permit self-care, if the care is not available from another person in the home; or

(B) a person who has been medically or psychologically determined to be physically or mentally incapacitated based on one of the following conditions:

tated based on one of the following conditions:

(i) Fractures or soft tissue injuries requiring at least 12 months of surgical management to restore function or preventing full weight-bearing for at least 12 months;

(ii) amputation of a lower extremity when the amputation involves hip disarticulation, when the amputation is at or above the tarsal region due to circulatory problems or when the amputation results in an inability to use a lower prosthesis for at least 12 months;

(iii) permanent loss of use of any two limbs;

(iv) active inflammatory arthritis, corroborated by laboratory results, persisting at least three months despite prescribed treatment;

(v) arthritis, demonstrated on x-ray, with inability to stand or walk unassisted, surgical reconstruction or arthrodesis preventing full weight-bearing for at least 12 months, or gross deformity and functional limitation of joints in both arms;

(vi) ostcomyelitis or septic arthritis of a major bone or joint that persists at least five months despite prescribed treatment and that is based on systemic signs and abnormal laboratory findings;

(vii) ankylosis or fixation of the spine at 30 or more

degrees flexion, as confirmed by x-ray;

(viii) osteoporosis with either multiple vertebral fractures that are not due to trauma, or at least 50 percent compression of vertebral body that is not due to trauma;

(ix) marked difficulty standing or walking that is ex-

pected to persist for at least 12 months;

(x) blindness with either best corrected central visual acuity of 20/100 in the better eye, or constriction of visual fields to 25 degrees or less in each eye;

(xi) best corrected visual efficiency of 26 percent or less

in the better eye;

(xii) total bilateral ophthalmoplegia that is confirmed by ocular motility studies;

(xiii) deafness with aided speech discrimination of 40 percent or less in the better ear;

(xiv) permanent inability to produce intelligible, sustainable speech by any means;

(xv) labyrinthine-vestibular dysfunction with frequent

vertiginous episodes and hearing loss;

(xvi) chronic skin disorders involving the hands, feet, axillae, perinium, or extensive body areas that are resistant to treatment and result in severe functional limitations;

(xvii) chronic pulmonary insufficiency that is confirmed on x-ray, is due to any cause, and is accompanied by one of these conditions: restriction of vital capacity or of both one-second forced expiratory volume and maximum voluntary ventilation to 35 percent or less of expected values, as shown by pulmonary function studies; reduction of the diffusing capacity of the lungs for carbon monoxide to 35 percent or less of expected values; a severe, chronic impairment of gas exchange, as confirmed by arterial blood gas studies; cyanosis, dyspnea at rest, chronic wheezing and rhonchi, and use of accessory muscles of breathing; or a documented need for 24-hour supplemental oxygen;

(xviii) asthma or other episodic pulmonary impairments with severe prolonged attacks that require emergency or inpatient treatment and that occur at intervals averaging at least every two months and with prolonged expiration, wheezing, and rhonchi between attacks, despite prescribed treatment;

(xix) congestive heart failure with persistence for three months despite treatment, cor pulmonale, or persistent,

severe left ventricular hypertrophy;

(xx) ischemic heart disease with ongoing angina resulting in severe functional limitations;

(xxi) cardiac arrhythmias with repeated, uncontrolled

syncopal episodes;

(xxii) peripheral vascular disease with persistent ulceration despite treatment, or with amputation or other manifestations causing severe functional limitations;

(xxiii) hypertensive end-organ damage resulting in severe functional limitations;

(xxiv) uncompensated cardiomyopathy with left ventricular ejection fraction of 30 percent or less;

(xxv) documented need for a heart transplant;

(xxvi) other congenital or acquired heart disease with severe functional limitations due to cardiac dysfunction;

(xxvii) proven stricture, stenosis, or obstruction of the esophagus with weight loss sustained at a level indicative of malnutrition;

(xxviii) proven peptic ulcer disease with recurrent ulceration that is persistent despite prescribed treatment after definitive surgery, inoperable fistula formation, demonstrated recurrent obstruction, or weight loss sustained at a level indicative of malnutrition;

(xxix) chronic liver disease with any of these related conditions: esophageal varices resulting in massive bleeding or requiring a shunt, significantly elevated serum bilirubin persisting for at least three months, recurrent or persistent ascites associated with persistent hypoalbuminemia, proven hepatic cell necrosis or inflammation, or documented need for a liver transplant;

(xxx) chronic inflammatory disease of the digestive system with persistent or recurrent systemic manifestations resulting in severe functional impairment, with obstruction due to an intractable abscess, fistula formation or stenosis, or with significant and persistent weight loss sustained at a level indicative of malnutrition;

(xxxi) disorders of the pituitary, thyroid, parathyroid, or adrenal cortex that are resistant to treatment and that result in severe functional impairment;

(xxxii) diabetes mellitus with either severe neuropathy resulting in marked difficulty standing, walking, or using the hands, or with frequent episodes of ketoacidosis despite treatment;

(xxxiii) impaired renal function persisting for at least five months due to chronic, progressive disease with elevation of serum creatinine to four mg. per 100 ml. or greater, with creatinine clearance of 29 liters per 24 hours or less, or with severe complications that require chronic dialysis or renal transplant;

(xxxiv) nephrotic syndrome accompanied for three or more months by anasarca and serum albumin of 3.0 gm. per 100 ml. and proteinuria of at least 3.5 grams per 24 hours, or by anasarca and proteinuria of at least 10 grams per 24 hours;

(xxxv) acute leukemia, granulocytic leukemia, myelotoxic leukemia, or the acute phase of chronic leukemia;

(xxxvi) documented need for a bone marrow transplant;

(xxxvii) chronic anemia with hematrocrit persisting below 30 percent that requires blood transfusions each two months on average or is due to a chronic gastrointestinal disorder;

(xxxviii) myeloma or myelofibrosis with radiologically demonstrated bony involvement and intractable bone pain;

(xxxix) myeloma with severe, persistent hypercalcemia or significant levels of plasma cells in peripheral blood:

(xl) coagulation defects, including chronic thrombocytopenia with persistence of severely decreased platelet count, and hemorrhagic disorders with recent spontaneous hemorrhage or intracranial bleeding;

(xli) chronic polycythemia not controllable by treatment with severe, persistent functional impairment due to hemorrhage or thrombosis;

(xlii) sickle cell disease with sickle cell crises occurring each three months on average, with chronic anemia and a hematocrit persisting below 26 percent, or requiring frequent extended hospitalization;

(xliii) recurrent systemic bacterial infections within the past four months due to myelofibrosis, chronic leukemia, or chronic granulocytopenia with absolute neutrophil counts persisting below 1,000 cells per cubic millimeter;

(xliv) HIV infection with presence of opportunistic disease or severe functional impairment;

(xlv) systemic lupus erythematosus or progressive systemic sclerosis with recurrent visceral manifestations resulting in severe functional impairment;

(xlvi) polymyositis, polyarteritis, or other collagen vascular disease with severe involvement of affected body systems resulting in severe functional impairment;

(xlvii) organic brain syndrome persisting for three or more months with severe functional limitations that prevent the performance of employment;

(xlviii) mental retardation;

(xlix) functional psychotic disorders causing severe functional limitations that preclude competitive employment and require ongoing psychiatric or psychological treatment;

(l) other severe and persistent mental illness that is not controllable by medications or other treatment, that causes severe functional limitations precluding competitive employment, and that requires ongoing psychiatric or psychological treatment;

(li) any seizure disorder that is not controllable by medications either with major motor seizures occurring on an average of one each two months despite at least three months of treatment or with minor motor seizures occurring on an average of one each week despite at least three months of prescribed treatment;

(lii) cerebral palsy with mental retardation, severe emotional lability, abnormal behavior, severely limited ability to communicate, or severe limitations in motor functioning;

(liii) any other chronic neurological disease that is not controllable by treatment, or persistent manifestations of central nervous system insult, when the disease or insult results in any of these conditions: a severely limited ability to stand, walk, or use the hands; a persistent, severe difficulty swallowing or breathing; a severe expressive or receptive asphasia resulting in severely decreased ability to communicate; or frequent acute exacerbations of the disease resulting in severe functional limitations;

(liv) histologically malignant brain tumors, as proven by a pathology report, or other brain tumors causing severe functional limitations despite treatment;

(lv) lymphoma that is not controlled despite treatment or metastatic disease of a lymph node from an undeterminable primary site;

(lvi) hormone-dependent or isotope-sensitive malignancies or sarcoma of soft parts that are not currently controlled despite treatment;

(lvii) solid malignancies that are not hormone-dependent or isotope-sensitive, with evidence of active disease, and that have any of these qualities: are inoperable, unresectable, or incompletely excised; are recurrent after radical surgery; are metastatic beyond the regional lymph nodes; are not controlled despite treatment; or are generally considered uncontrollable by established medical or surgical procedures;

(lviii) permanent residuals of neoplastic disease re-

sulting in severe functional impairment; or

(lix) one or more other medically determinable impairments that prevent the performance of gainful employment, that are expected to last 12 months or longer or to result in death in fewer than 12 months, and that are not controllable by medication, surgery, or other treatment within 12 months of onset, excluding alcoholism, drug addiction, or other impairments that can be con-

trolled through treatment;

(3) The needs of the applicant or recipient and each person for whom the applicant or recipient is legally responsible shall be included in the same assistance plan, if living together, except for persons who are not otherwise eligible. In determining eligibility, the needs of each of the following persons in the family group who are not otherwise eligible shall be excluded while the resources of those persons shall be included, unless the resources are specifically exempt:

(A) Any SSI recipient;

(B) any person denied assistance based on the provisions of K.A.R. 30-4-50 (c) or (d);

(C) any person who is ineligible due to a sanction; and

- (D) any alien who is ineligible because of the citizenship and alienage requirements or sponsorship provi-
- (b)(1) A presumptive eligibility determination shall be made for each person who is being released from a medicaid-approved psychiatric hospital or from the Larned correctional mental health facility in accordance with an approved discharge plan. Minimally, the presumptive determination shall be based on available information concerning the person's income and resources. The general eligibility requirements of K.A.R. 30-4-50 may be waived until a formal eligibility determination is completed.

(2) Assistance provided shall equal 100 percent of the applicable GA budgetary standards, and the provision of K.A.R. 30-4-140 (a)(1) shall be waived. Assistance under this provision shall not extend beyond the month of discharge and the two following months, except that assistance under this provision may be extended by the secretary beyond the three-month limitation for good cause.

(c) Each applicant or recipient who refuses to authorize the department to file for and claim reimbursement from the social security administration for the amount of GA provided to the individual, pending a determination of eligibility for the supplemental security income program, shall be ineligible for GA.

(d) Assistance under this regulation shall be limited to

a lifetime maximum of 24 calendar months.

(e) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c and 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended May 1, 1982; amended, T-84-8, March 29, 1983; amended May 1, 1983; amended, T-84-9, March 29, 1983; amended May 1, 1984; amended, T-85-34, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended, T-88-14, July 1, 1987; amended, T-88-59, Dec. 16, 1987; amended May 1, 1988; amended Sept. 26, 1988; amended July 1, 1989; amended Oct. 1, 1989; amended, T-30-6-10-91, July 1, 1991; amended Oct. 28, 1991; amended, T-30-6-10-92, July 1, 1992; amended Oct. 1, 1992; amended Dec. 31, 1992; amended, T-30-2-15-93, Feb. 15, 1993; amended June 1, 1993; amended July 1, 1994; amended Jan. 1, 1997; amended March 1, 1997; amended Oct. 1, 1997; amended July 1, 2002.)

Article 5.—PROVIDER PARTICIPATION, SCOPE OF SERVICES, AND REIMBURSEMENTS FOR THE MEDICAID (MEDICAL ASSISTANCE) PROGRAM

30-5-101. (Authorized by and implementing K.S.A. 1996 Supp. 39-708c; effective May 1, 1981; amended May 1, 1983; amended, T-84-11, July 1, 1983; amended May 1, 1984; amended, T-85-9, April 11, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-5, May 1, 1986; amended May 1, 1987; amended Jan. 2, 1989; amended, T-30-12-28-89, Jan. 1, 1990; amended Jan. 7, 1991; amended, T-30-8-9-91, Aug. 9, 1991; amended Oct. 28, 1991; amended Jan. 1, 1997; amended July 1, 1997; revoked June 28, 2002.)

30-5-300. Definitions. (a) The following words and terms for home- and community-based services (HCBS), when used in this article, shall have the following meanings, unless the context clearly indicates otherwise.

(1) "Accept medicare assignment" means that the provider will accept the medicare-allowed payment rate as payment in full for services provided to a consumer.

(2) "Activities of daily living (ADLs)" means the following:

- (A) Bathing;
- (B) dressing; (C) toileting;
- (D) transferring;
- (E) ambulating; and
- (F) eating.
- (3) "Agency" means the Kansas department of social and rehabilitation services.
- (4) "Area agency on aging" means the agency or organization within a planning and service area that has been designated by the secretary of the Kansas department on aging (KDOA) to develop, implement, and administer a plan for the delivery of a comprehensive and coordinated system of services to older persons in the planning and service area.

(5) "Assessment" means the face-to-face interview and evaluation of a home- and community-based services consumer by an authorized case manager, assessor, or independent living counselor to determine the consumer's care needs and support systems and to develop

a service plan.

(6) "Case management services" means a comprehensive service comprised of a variety of specific tasks and

activities designed to coordinate and integrate all other services required in the individual's plan of care.

(7) "Client obligation" means the monthly amount collected from an HCBS consumer by the service provider for the cost of a service.

(8) "Conflict of interest" means any relationship between two or more parties in which one party has the ability to influence another party to the transaction in a way that one or more of the transacting parties might fail to fully pursue the party's or parties' own separate interests. Related parties shall include parties related by family, business, or financial association, or by common ownership or control. Transactions between related parties shall not be considered to have arisen through arm's-length negotiations. Transactions or agreements that are illusory or a sham shall not be recognized.

(9) "Cost cap" means the average HCBS monthly service cost limit per consumer, including primary and acute care costs. The average HCBS monthly service cost limit shall be based on and compared to the average monthly cost that the consumer would incur in a nursing

facility.

(10) "Cost-efficient" means that all of the formal and informal service systems available to meet individual needs are used before HCBS services are used.

(11) "Cost-effective" means that the cost of utilizing a service is recovered by the savings generated from avoiding the necessary utilization of a more expensive service.

(12) "Direct cost" means any cost that can be identified

specifically with a particular cost objective.

- (13) "Documentation" means maintenance of the HCBS consumer's case file, which shall include the following:
 - (A) A current assessment or reassessment;
 - (B) a plan of care;
 - (C) a service plan;
 - (D) an activity log; and

(E) a financial eligibility communication form, including current client obligation information.

(14) "Effective date" means the date on which a program or service begins and on which a provider can be reimbursed for services.

(15) "Formal service" means any needed service as documented in the plan of care and funded by medicaid.

(16) "Frail elderly waiver" means a medicaid HCBS services waiver authorized by and through the Kansas department on aging services in accordance with a federally approved waiver to the Kansas medicaid state planfor individuals age 65 and older who meet the medicaid long-term care threshold.

(17) "Home health aide service" means the direct care provided by a person with minimum training to consumers who are unable to care for themselves or who need assistance in accomplishing the activities of daily living. The home health aide service direct care provider shall be under the supervision of a registered nurse employed by a home health agency.

(18) "Home health agency" means a public or private agency or organization that provides, for a fee, one or more home health services at the residence of a consumer.

(19) "Housing options" means all home and residential environments in which individuals would be eligible to receive HCBS services.

- (20) "Instrumental activities of daily living (IADL's)" means the following:
 - (A) Meal preparation;

(B) shopping;

- (C) medication monitoring and treatments;
- (D) laundry and housekeeping;
- (E) money management;
- (F) telephone use; and
- (G) transportation.
- (21) "Independent living center" means a public or private agency or organization recognized by the agency whose primary function is to provide independent living services, including the following:
 - (A) Independent living skills training;
 - (B) advocacy;
 - (C) peer counseling; and
 - (D) information and referral.
- (22) "Independent living counseling" means a service provided through the HCBS/physically disabled waiver that assesses need, negotiates care plans and service plans, and teaches independent living skills.
- (23) "Indirect costs" means the administrative costs of long-term care (LTC) programs or their functional components, including the costs of supplying goods, services, and facilities to those programs or their functional components.
- (24) "Ineligible provider" means a provider who is not enrolled in the medicaid/medikan program due to one or more of the reasons set forth in K.A.R. 30-5-60, or because the provider committed civil or criminal fraud in another state or another program.

(25) "Informal service" means any needed or desired service provided voluntarily to a consumer by one or more organizations, agencies, or families, at no cost to the medicaid program.

(26) "Level of care" means the functional needs of consumers, as determined through an assessment or reassessment, based on impairments in ADLs and IADLs.

- (27) "Medicaid home- and community-based services (HCBS)" means services provided in accordance with a federally approved waiver to the Kansas medicaid state plan that are designed to prevent unnecessary utilization of services and to reduce health care-related costs. Any individual who has a primary diagnosis of mental illness and who is 21 years of age or older, but less than 65 years old, shall not be eligible.
- (28) "Medicaid home- and community-based services for persons with mental retardation or other developmental disabilities (HCBS/MRDD)"means services provided in accordance with a federally approved waiver to the Kansas medicaid state plan. These services shall be designed as alternatives to services otherwise provided in intermediate care facilities for the mentally retarded (ICF/MR) for individuals who have mental retardation or other developmental disabilities.
- (29) "Medicaid home- and community-based services for persons with traumatic brain injury (HCBS/TBI)" means medicaid services that meet these requirements:
- (A) Are provided in accordance with a federally approved waiver to the Kansas medicaid state plan; and
- (B) are designed as an alternative to services in brain injury rehabilitation facilities for individuals who meet these requirements:

(i) Have external, traumatic brain injuries; and

(ii) are 18 years of age or older, but are less than 55

years of age.

(30) "Medicaid long-term care threshold" means the level-of-care criteria, as established by the agency and approved in the waiver to the medicaid state plan for HCBS, that are used to determine eligibility for medicaid longterm care programs.

(31) "Nursing facility (NF)" means a facility that meets

these criteria:

(A) Meets state licensure standards;

(B) provides health-related care and services, pre-

scribed by a physician; and

(C) provides residents with licensed nursing supervision 24 hours per day and seven days per week for ongoing observation, treatment, or care for long-term illness

(32) "Normal rhythms of the day" means the average time frame in which an individual without a physical disability typically completes clusters of ADL and IADL ac-

tivities.

- (33) "Organized health care delivery system" means a system, at least one component of which is organized for the purpose of delivering health care, that furnishes at least one service under a medicaid-covered waiver or the state plan.
- (34) "Other developmental disability" means a condition or illness that meets these requirements:

(A) Is manifested before age 22;

- (B) can reasonably be expected to continue indefinitely;
- (C) results in substantial limitations in any three or more of the following areas of life functioning:

- (ii) understanding and the use of language;
- (iii) learning and adapting;

(iv) mobility;

(v) self-direction in setting goals and undertaking activities to accomplish those goals;

(vi) living independently; or

(vii) economic self-sufficiency; and

- (D) reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of extended or lifelong duration and are individually planned and coordinated.
- (35) "Physically disabled (PD) waiver" means services provided in accordance with a federally approved waiver to the Kansas medicaid state plan for any individual who meets these requirements:
- (A) Is 16 years of age or older. Consumers who turn 65 years of age while on the physically disabled waiver may remain on the waiver past age 65;

(B) is physically disabled according to social security

disability standards;

(C) meets the medicaid LTC threshold; and

- (D) requires assistance with normal rhythms of the day.
- (36) "Plan of care (POC)" means a document that states and prescribes the responsibilities of providers to ensure that the providers meet the health and safety needs of HCBS consumers. The document shall include the following information:

(A) A statement identifying the need for care;

(B) the estimated length of the service or program;

(C) a description of the prescribed treatment, modalities, and methodology to be used;

(D) a description of the expected results;

(E) the name of the provider; and

(F) the cost of the program or services.

(37) "Prior authorization" means that a service to be provided shall be reimbursed only when approval is given by the agency before the service is provided.

(38) "Program" means the Kansas medicaid/medikan

program.

- (39) "Provider enrollment" means the process through which the agency determines whether or not an applicant meets the requirements for persons or agencies to provide services to the medicaid program.
- (40) "Reassessment" means an annual review and evaluation of an HCBS consumer's continued need for

(41) "Reimbursement rate" means the dollar value as-

signed by the secretary for a covered service.

(42) "Risk factor" means any condition that can increase an individual's functional impairment. The risk factor is used to determine needs for services, as appro-

priate for the individual's level of care.

(43) "Self-directed care" means an option under the HCBS program that allows an individual in need of care to live in a home environment and direct the attendant services that are essential to the maintenance of the individual's health and safety.

(44) "Service plan" means a document that describes specific tasks to be performed, based on the needs of the consumer. The description shall include the type of serv-

ice, the frequency, and the provider.

(45) "Severe emotional disturbance waiver" means services provided in accordance with a federally approved waiver to the Kansas medicaid state plan for any individual who meets these requirements:

(A) Is under 18 years of age or, if the individual is under 22 years of age, has continually received intensive community-based services for at least six months before the date of the initial application for the waiver;

(B) has received a DSM-IV diagnosis under axis 1 (clin-

ical disorders);

- (C) meets the criteria for a severe emotional disturbance;
 - (D) meets the following severity index criteria:
- (i) On a child behavior checklist (CBCL), a score of at least 70 on one subscale; and
- (ii) on a child and adolescent functional assessment scale (CAFAS), an overall score of 100, or at least 30 for each of two subscales; and

(E) according to clinical judgment, is in need of a state mental health hospital (SMHH).

(46) "Technology-assisted child" means a chronically ill or medically fragile child who meets these requirements:

(A) Is 17 years of age or younger;

(B) has an illness or disability that, in the absence of home care services, would require admission to or a prolonged stay in a hospital;

- (C) needs both a medical device to compensate for the loss of a vital body function and substantial, continuous care by a nurse or other caretaker under the supervision of a nurse in order to avert death or further disability;
- (D) is dependent at least part of each day on mechanical ventilators for survival; and
- (E) requires prolonged intravenous administration of nutritional substances or drugs, or requires other medical devices to compensate for the loss of a vital body function.

(47) "Terminally ill" means the medical condition of an individual whose life expectancy is six months or less, as determined and documented by a physician.

(48) "Traumatic brain injury" means non-degenerative, structural brain damage resulting in residual deficits and disability that have been acquired by external phys-

ical injury.

(49) "Termination date" means the last day on which a program or service shall be reimbursed. For HCBS, this date shall not extend beyond the last date of medicaid eligibility.

(b) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective Jan. 1, 1997; amended July 1, 1997; amended, T-30-12-16-97, Jan. 1, 1998; amended April 1, 1998; amended July 1, 2002.)

Article 6.—MEDICAL ASSISTANCE PROGRAM— CLIENTS' ELIGIBILITY FOR PARTICIPATION

- **30-6-88.** Disabled individuals with earned income; determined eligibles. (a) Each applicant and each recipient shall meet the general eligibility requirements of K.A.R. 30-6-50 and the specific eligibility requirements specified below.
- (1) Each individual shall be at least 16 years old but less than 65 years of age.
- (2) Each individual shall meet the blindness or disability requirements of K.A.R. 30-6-85.
- (3) Each individual shall have earned income that is subject to federal insurance contributions act (FICA) taxes.
- (b) Financial eligibility shall be based on a percentage of the official poverty income guidelines as established in K.A.R. 30-6-103, which shall be used as the protected income level for the number of persons in the plan and any other persons whose income is considered. Monthly applicable income to be considered in the eligibility base period shall be compared against the poverty level for the base period. To be eligible under this regulation, the monthly applicable income shall not exceed the poverty level established for the base period. If the individual also owns nonexempt real or personal property with a resource value in excess of \$15,000, which shall include any nonexempt resources of all family group members, that individual shall not be eligible under this regulation.
- (c) For individuals whose monthly applicable income is greater than or equal to 100 percent of the federal poverty income guidelines, a premium shall be required, which shall not exceed seven and one-half percent of themonthly applicable income. Failure to pay the premium shall result in ineligibility.

- (d) Each individual who is temporarily unemployed but intends to return to work shall continue to be eligible for coverage for up to six months if all other eligibility factors are met.
- (e) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c, 39-709; effective July 1, 2002.)

30-6-103. Determined eligibles; protected income levels. (a) Independent living and home- and community-based services arrangements.

- (1) The protected income level for any person in an independent living arrangement or in the home- and community-based services program shall be based on the total number of persons in the assistance plan and any other persons in the family group whose income is being considered.
- (2) The protected income levels for independent living may also be used when an applicant or recipient meets either of these conditions:
- (A) Enters a medicaid-approved facility, except that this provision shall not apply in situations in which only one spouse of a married couple enters an institutional living arrangement; or
- (B) is absent from the home for medical care for a period not to exceed two months to allow for maintaining the applicant's or recipient's independent living arrangements.
- (3) Except as specified in paragraphs (4), (5), (6), (7), and (8) below, the following table shall be used to determine the protected income level for persons in independent living.

PERSONS IN INDEPENDENT LIVING (Per Month)

The protected income level for additional persons shall be the sum of the basic standard for a like public assistance family plus the maximum state shelter standard.

- (4) In determining eligibility for pregnant women and for infants under the provisions of K.A.R. 30-6-77(a) and (b), 150 percent of the official federal poverty income guidelines shall serve as the protected income level.
- (5) In determining eligibility for other young children under the provisions of K.A.R. 30-6-77(c), 133 percent of the official federal poverty income guidelines shall serve as the protected income level.
- (6) In determining eligibility for older children under the provisions of K.A.R. 30-6-77(d), 100 percent of the official federal poverty income guidelines shall serve as the protected income level.
- (7) In determining eligibility for poverty-level medicare beneficiaries under the provisions of K.A.R. 30-6-86, 100 percent of the official federal poverty income guidelines shall serve as the protected income level.
- (8) In determining eligibility for working disabled individuals under the provisions of K.A.R. 30-6-87, 200 percent of the official federal poverty income guidelines shall serve as the protected income level.
- (9) In determining eligibility for low income medicare beneficiaries under the provisions of K.A.R. 30-6-86, 120

percent of the official federal poverty income guidelines shall serve as the protected income level.

(10) In determining eligibility for low income medicare beneficiaries under the provisions of K.A.R. 30-6-86, 120 to 135 percent of the official federal poverty income guidelines shall serve as the protected income level subject to available federal funding.

(11) In determining eligibility for low income medicare beneficiaries under the provisions of K.A.R. 30-6-86, 135 to 175 percent of the official poverty income guidelines shall serve as the protected income level subject to avail-

able federal funding.

(12) In determining eligibility for disabled individuals with earned income under the provisions of K.A.R. 30-6-88, 300 percent of the official federal poverty income guidelines shall serve as the protected income level.

(b) Institutional living arrangements. For persons residing in institutional settings, the protected income level shall be \$30.00, except as specified in paragraph (a)(2).

(c) Home- and community-based services arrangements. For persons in the home- and community-based services program, the protected income level shall be 100 percent of the official federal poverty income guidelines

on January 1 of each year.

(d) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c and 38-2002; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended, T-83-17, July 1, 1982; amended May 1, 1983; amended, T-84-11, July 1, 1983; amended, T-84-36, Dec. 21, 1983; amended May 1, 1984; amended, T-85-34, Dec. 19, 1984; amended May 1, 1985; amended, T-86-19, July 1, 1985; amended, T-86-42, Jan. 1, 1986; amended May 1, 1986; amended, T-87-15, July 1, 1986; amended, T-88-2, Feb. 1, 1987; amended May 1, 1987; amended, T-88-10, May 1, 1987; amended, T-88-14, July 1, 1987; amended, T-88-59, Dec. 16, 1987; amended May 1, 1988; amended, T-30-7-1-88, July 1, 1988; amended Sept. 26, 1988; amended Jan. 2, 1989; amended July 1, 1989; amended Oct. 1, 1989; amended Jan. 2, 1990; amended, T-30-12-28-89, Jan. 1, 1990; amended, T-30-3-29-90, April 1, 1990; revoked, T-30-7-2-90, July 2, 1990; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990; amended Jan. 7, 1991; amended, T-30-12-28-90, Jan. 2, 1991; amended May 1, 1991; amended July 1, 1991; amended Jan. 2, 1992; amended, T-30-6-10-92, July 1, 1992; amended Oct. 1, 1992; amended Jan. 4, 1993; amended Jan. 3, 1994; amended Dec. 30, 1994; amended Dec. 29, 1995; amended Jan. 1, 1997; amended July 1, 1998; amended July 2, 1999; amended July 1, 2002.)

30-6-107. Property exemption. Ownership of otherwise nonexempt real or personal property shall not affect eligibility if the aggregate resource value is not in excess of \$2,000.00 for one person or \$3,000.00 for two or more persons whose nonexempt resources are considered available to a person in the assistance plan. (a) For non-SSI, ownership of property with a resource value in excess of the amounts specified above shall render the assistance family group ineligible for medical assistance, except for pregnant women and children who meet the

provisions of K.A.R. 30-6-77. However, if there is ineligibility due to excess real property, assistance shall be provided for a period of up to nine months if the applicant or recipient is making a bona fide and documented effort to dispose of the property.

(b) For SSI, ownership of property with a resource value in excess of the amounts specified above shall render the assistance family group ineligible for medical as-

sistance except for the following:

(1) For medicare beneficiaries who meet the provisions of K.A.R. 30-6-86 and working disabled individuals who meet the provisions of K.A.R. 30-6-87, the resource value shall be in excess of two times the amounts specified above before the assistance family group is rendered ineligible.

(2) For disabled individuals with earned income who meet the provisions of K.A.R. 30-6-88, the resource value shall be in excess of \$15,000 before the assistance family

group is rendered ineligible.

If the applicant or recipient is making a bona fide and documented effort to dispose of the excess property at a reasonable market value, assistance shall be provided not to exceed nine months. This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c, 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended May 1, 1982; amended May 1, 1983; amended, T-84-25, Sept. 19, 1983; amended May 1, 1984; amended, T-85-33, Dec. 19, 1984; amended, T-85-34, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-43, Jan. 1, 1987; amended May 1, 1987; amended, T-88-59, Dec. 16, 1987; amended May 1, 1988; amended, T-30-7-1-88, July 1, 1988; amended Sept. 26, 1988; amended Jan. 2, 1989; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990; amended July 1, 1991; amended Dec. 30, 1994; amended July 1, 2002.)

30-6-109. Personal property. (a) Definitions. (1) "Personal property" means all property, excluding real property.

(2) "Cash assets" means the following resources:

(A) Money;

(B) investments;

(C) cash surrender or loan values of life insurance policies;

(D) trust funds; and

- (E) similar items on which a determinate amount of money can be realized.
 - (3) "Other personal property" means the following:

(A) Personal effects;

- (B) household equipment and furnishings;
- (C) home produce;
- (D) livestock;
- (E) equipment;
- (F) vehicles;
- (G) inventory;

(H) contracts from the sale of property; and

(I) similar items on which a determinate amount of money can be realized.

(b) Treatment of personal property. Personal property, unless exempted, shall be considered a resource. Trust funds shall be subject to subsection (c).

- (c) Treatment of trust funds. For purposes of determining an individual's eligibility for assistance or the amount of assistance, the following requirements shall apply to trust funds. The term "trust" shall include any legal instrument or device that is similar to a trust, including an annuity. The term "assets" shall be defined as specified in K.A.R. 30-6-56(a)(3).
- (1) In the case of a revocable trust, the value of the trust shall be considered a resource available to the individual. Payments from the trust to or for the benefit of the individual shall be considered to be income. All other payments made from the trust shall be considered under the property transfer provisions of K.A.R. 30-6-56.

(2) Irrevocable trusts.

- (A) If there are any circumstances under which payment from an irrevocable trust could be made to the individual or for the benefit of the individual, the portion of the trust from which payment could be made shall be considered as a resource available to the individual. Payments made from the trust to the individual or for the benefit of the individual shall be considered income. All other payments made from the trust shall be considered under the property transfer provisions of K.A.R. 30-6-56.
- (B) Each portion of the trust from which no payment could be made to the individual under any circumstances shall be considered from the date of establishment of the trust, or if later, the date on which payment to the individual was restricted or foreclosed, under the property transfer provisions of K.A.R. 30-6-56.
- (3) An individual shall be considered to have established a trust if assets of the individual were used to form all or part of the trust and if any of the following individuals established the trust, other than by will:

(A) The individual or the individual's spouse;

- (B) any person, including a court or administrative body, with legal authority to act in place of or on behalf of the individual or the individual's spouse; or
- (C) any person, including any court or administrative body, acting at the direction or upon the request of the individual or the individual's spouse.
- (4) If the corpus of the trust includes assets of any other person or persons, the provisions of this subsection shall apply to the portion of the trust attributable to the assets of the individual.
- (5) The provisions of this subsection shall apply without regard to the purposes for which the trust was established, whether or not the trustees have or exercise any discretion under the trust, any restrictions on when or whether distributions can be made from the trust, or any restrictions on the use of distributions from the trust.
- (6)(A) The provisions of this subsection shall not apply to a trust that contains the assets of an individual under age 65 who meets the blindness or disability criteria of K.A.R. 30-6-85 and that is established for the benefit of the individual by a parent, grandparent, or legal guardian of the individual, or a court. The state shall receive all amounts remaining in the trust upon the death of the individual, up to an amount equal to the total medical assistance paid on behalf of the individual.
- (B) The provisions of this subsection shall not apply to a trust containing the assets of an individual who meets

the blindness or disability criteria of K.A.R. 30-6-85 if the trust meets all the following criteria:

(i) The trust is established by a nonprofit association.

(ii) A separate account is maintained for each beneficiary of the trust.

- (iii) Accounts in the trust are established solely for the benefit of individuals who meet the blindness or disability criteria of K.A.R. 30-6-85.
- (iv) Each account in the trust is established by that individual; the parent, grandparent, or legal guardian of the individual; or a court. The state shall receive all amounts remaining in the individual's account upon the death of the individual up to an amount equal to the total medical assistance paid on behalf of the individual.
- (7) The provisions of this subsection shall be waived if it is determined that a waiver is necessary to avoid undue hardship on the individual. A finding of undue hardship may be granted if the individual verifies that all of the following conditions have been met:

(A) The individual has exhausted all legal remedies for gaining access to the principal or income of the trust.

(B) All otherwise available assets have been expended to meet living and medical expenses.

(C) The individual's health or life would be endangered if the individual were deprived of medical care.

- (d) Exempted personal property. The resource value of the following classifications of personal property shall be exempt:
 - (1) Personal effects;

(2) household equipment and furnishings in use or only temporarily not in use;

(3) tools in use and necessary for the maintenance of a

house or a garden;

- (4) the stock and inventory of any self-employed person that are reasonable and necessary in the production of goods and services;
- (5) items for home consumption, which shall consist of the following:
- (A) Produce from a small garden consumed from day to day and any excess that can be canned or stored; and
- (B) a small flock of fowl or livestock that is used to meet the food requirements of the family;
- (6) cash assets that are traceable to income exempted as income and as a cash asset;
- (7) any contract for the sale of property, if the proceeds from the contract are considered as income;
- (8) one vehicle for each assistance family. Additional vehicles may be exempt if used over 50 percent of the time for employment or self-employment, if used as the family's home, if needed for medical treatment of a specific medical problem, or if specially equipped for use by a handicapped person;

(9) individual development accounts funded under public law 105-285, authorized by section 404(h) of title VI of the social security act, or established by the state;

(10) individual training accounts administered by the Kansas department of human resources under the workforce investment act for purposes of job training or other employment readiness services. Deposits shall not exceed 50 percent of earned income in any calendar year and shall be maintained in a separate account;

- (11) for non-SSI income-producing personal property, other than cash assets, that is essential for employment or self-employment or producing income consistent with its fair market value. Income-producing property may include any of the following items:
 - (A) Tools;
 - (B) equipment;
 - (C) machinery; or
 - (D) livestock;
- (12) for non-SSI, proceeds from the sale of a home if the proceeds are conserved for the purchase of a new home and the funds so conserved are expended or committed to be expended in the month received or in the following month;

(13) for non-SSI, burial plots and funeral agreements that meet conditions established by the secretary of health and human services and approved by the secretary of

social and rehabilitation services;

(14) for non-SSI, escrow accounts established for families participating in the family self-sufficiency program through the department of housing and urban development. Interest earned on the accounts shall also be exempted as income;

(15) for non-SSI, the cash value of any life insurance

policy;

- (16) for SSI, insurance not exceeding \$1,500.00 face value that is owned by any applicant or recipient. The face value shall not include and shall not be increased by accumulated dividends, but shall be decreased by any outstanding policy loan. If the total face value of insurance policies owned by any one individual exceeds \$1,500.00, the total cash surrender value of those policies shall be a nonexempt resource;
- (17) for SSI, any personal property of a blind or disabled person that is covered by an approved plan of self-

(18) for SSI, burial plots that meet conditions established by the secretary of health and human services for

the SSI program;

(19) for SSI, any burial contract that meets conditions established by the secretary of health and human services for the SSI program and approved by the secretary of social and rehabilitation services;

(20) for SSI, proceeds from the sale of a home if the proceeds are conserved for the purchase of a new home and the funds so conserved are expended or committed to be expended within three months of the sale;

(21) for SSI, a retroactive social security payment received by the applicant or recipient or an ineligible legally responsible person for the nine months following the month of receipt;

(22) for SSI, pension funds owned by an applicant's or recipient's spouse or parent if the spouse or parent is not

an applicant for or recipient of SSI; and

(23) for SSI, retirement accounts and pensions of any employed individual who meets the provisions of K.A.R. 30-6-88.

(e) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c, 39-709; effective May 1, 1981; amended, E-82-11, June 17, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended, T-83-17, July 1, 1982; amended May 1,

1983; amended May 1, 1984; amended, T-85-26, Oct. 15, 1984; amended, T-85-34, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended, T-87-15, July 1, 1986; amended May 1, 1987; amended, T-88-14, July 1, 1987; amended May 1, 1988; amended, T-89-13, April 26, 1988; amended Sept. 26, 1988; amended July 1, 1989; amended, T-30-5-1-90, May 1, 1990; amended, T-30-7-2-90, Aug. 30, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990; amended Oct. 1, 1990; amended Jan. 3, 1994; amended July 1, 1994; amended Jan. 1, 1997; amended March 1, 1997; amended Oct. 1, 1997; amended July 1, 2002.)

30-6-112. Income exempt from consideration as income and as a cash asset. Exempted income shall be the following: (a) Grants and scholarships provided for educational purposes;

(b) the value of benefits provided under the food

stamp program;

(c) the value of the U.S. department of agriculture-do-

nated foods;

(d) the value of supplemental food assistance received under the child nutrition act of 1966, as amended, and the special food service program for children under the national school lunch act, as amended;

(e) benefits received under title V, community services employment program, or title VII, nutrition program for the elderly, of the older Americans act of 1965, as

amended;

- (f) Indian funds distributed or held in trust, including interest and investment income accrued on these funds while held in trust and initial purchases made with these funds:
- (g) distributions to natives under the Alaska native claims settlement act;
- (h) payments provided to individual volunteers serving as foster grandparents, senior health aides, and senior companions, and to persons serving in the service corps of retired executives and active corps of executives under titles II and III of the domestic service act of 1973;
- (i) payments to individual volunteers under title I of public law, sec. 404(g) of public law 93-113 when the director of ACTION determines that the value of these payments, adjusted to reflect the number of hours these volunteers are serving, is less than the federal minimum wage:

(j) payments received under the uniform relocation assistance and real property acquisition policies act of 1970;

- (k) death benefits from SSA, VA, railroad retirement, or other burial insurance policy if the benefits are used toward the cost of burial;
- (l) money held in trust by VA for a child that VA determines shall not be used for subsistence needs;

(m) retroactive corrective assistance payments in the month received or in the following month;

(n) income directly provided by vocational rehabilita-

(o) benefits from special government programs at the discretion of the secretary, including energy assistance programs;

- (p) reimbursements for out-of-pocket expenses in the month received and the following month;
- (q) proceeds from any bona fide loan requiring repayment;
- (r) payments granted to certain U.S. citizens of Japanese ancestry and resident Japanese aliens under title I of public law 100-383;
- (s) payments granted to certain eligible Aleuts under title II of public law 100-383;

(t) agent orange settlement payments;

(u) federal major disaster and emergency assistance and comparable disaster assistance provided by state or local government or by disaster assistance organizations in conjunction with a presidentially declared disaster;

(v) payments granted to the Aroostook Band of Mic-

mac Indians under public law 102-171;

(w) payments from the radiation exposure compensation trust fund made by the department of justice;

(x) special federal allowances paid monthly to children of Vietnam veterans who are born with spina bifida;

- (y) payments made from any fund established pursuant to a class settlement in the case of Susan Walker v. Bayer corporation, except for interest or other investment income earned on such payments;
- (z) for non-SSI, a one-time payment or a portion of a one-time payment from a cash settlement for the repair or replacement of property or for legal services, medical costs, or other required obligations to a third party, if the payment is expended or committed to be expended for the intended purpose within six months of its receipt;

(aa) for non-SSI, cash donations that are based on need, do not exceed \$300 in any calendar quarter, and are received from one or more private, nonprofit, charitable

organizations;

(bb) for non-SSI, foster care and adoption support pay-

(cc) for non-SSI, the amount of any earned income tax credit received. This credit shall not be regarded as a cash asset in the month of receipt and in the following month;

- (dd) for SSI, a one-time payment or a portion of a onetime payment from a cash settlement for the repair or replacement of property or for legal services, medical costs, or other required obligations to a third party, if the payment is expended or committed to be expended for the intended purpose within nine months of its receipt. This time period may be extended for good cause;
- (ee) for SSI, in-kind support, vouchers, or cash assistance for food, clothing, or shelter provided by public or private organizations or agencies, if the assistance is based on need;
- (ff) for SSI, income necessary for fulfillment of an approved plan to achieve self-support established for a blind or disabled person;
- (gg) for SSI, interest that is paid on excluded burial funds and left to accumulate;

(hh) for SSI, housing assistance from federal housing programs operated by state and local subdivisions;

(ii) for SSI, any portion of any financial assistance funded under title IV of the higher education act of 1965, as amended, or under bureau of Indian affairs student assistance programs that is made available for tuition,

fees, books, supplies, transportation, and miscellaneous

personal supplies;

(jj) for SSI, payments occasioned by the death of another person to the extent that the payments have been expended or committed to be expended for purposes of the deceased person's last illness and burial;

(kk) for SSI, payments received from a state-administered victims' compensation fund. These payments shall not be regarded as a cash asset for the nine months fol-

lowing the month of receipt;

(II) for SSI, relocation assistance provided by a state or local government that is comparable to assistance provided under title II of the uniform relocation assistance and real property acquisitions act of 1970. This assistance shall not be regarded as a cash asset for the nine months following the month of receipt; and

(mm) for SSI, earnings deposited in an individual development account that meets the provisions of K.A.R. 30-6-109 (d)(9) for a person who meets the provisions of

K.A.R. 30-6-88.

This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c and 39-709; effective May 1, 1981; amended, E-82-19, Oct. 21, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1986; amended May 1, 1987; amended, T-88-14, July 1, 1987; amended, T-88-59, Jan. 1, 1988; amended May 1, 1988; amended, T-89-13, April 26, 1988; amended Sept. 26, 1988; amended July 1, 1989; amended Oct. 1, 1989; amended Jan. 2, 1990; amended, T-30-7-2-90, July 2, 1990; revoked, T-30-8-14-90, Oct. 1, 1990; amended Oct. 1, 1990; amended May 1, 1991; amended July 1, 1991; amended Jan. 2, 1992; amended Oct. 1, 1992; amended Oct. 1, 1993; amended Dec. 30, 1994; amended Oct. 1, 1997; amended July 1, 1998; amended July 1, 2002.)

Article 10.—ADULT CARE HOME PROGRAM

- **30-10-6.** Admission procedure. (a) The physical, emotional, social, and cognitive status of each individual, including any individual from out of state, who is seeking admission to a nursing facility or a nursing facility for mental health providing care under title XIX of the federal social security act shall be assessed to determine the need for care and the appropriateness of services in accordance with K.S.A. 39-968 and amendments thereto.
- (b) Nursing facility services and nursing facility for mental health services shall be provided pursuant to title IV, subtitle C, part 2, pp. 190-230, of the federal omnibus budget reconciliation act of 1987, effective October 1, 1990, which is adopted by reference in K.A.R. 30-10-2. Each resident shall receive a comprehensive medical evaluation and an explicit recommendation by the physician concerning the level of care needed.
- (c) A nursing facility shall not require a private-paying resident to remain in a private-pay status for any period of time after the resident becomes eligible for medicaid/ medikan.
- (d) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective E-74-59, Oct. 24, 1974; effective May 1, 1975; amended, E-76-34, July 1, 1975; amended May 1, 1976;

amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1987; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended Nov. 2, 1992; amended Jan. 4, 1993; amended March 1, 1995; amended July 1, 2002.)

30-10-11. Personal needs fund. (a) At the time of admission, each nursing facility provider shall furnish each resident and the resident's representative, if any, with a written statement that meets the following requirements:

(1) Lists all services provided by the provider, distinguishing between those services included in the provider's per diem rate and those services not included in the provider's per diem rate that can be charged to the resident's personal needs fund;

(2) states that there is no obligation for the resident to

deposit funds with the provider;

(3) describes each resident's right to select one of the following alternatives for managing the personal needs fund:

- (A) The resident or the resident's legal guardian, if any, may receive, retain, and manage the resident's personal needs fund;
- (B) the resident may apply to the social security administration to have a representative payee designated for federal or state benefits to which the resident may be entitled; or
- (C) except when paragraph (B) of this subsection applies, the resident may designate, in writing, another person to act for the purpose of managing the resident's personal needs fund;
- (4) states that any charge for management of a resident's personal needs fund is included in the provider's per diem rate:

(5) states that any late fees, interest, or finance charges shall not be charged to the resident's personal needs funds for late payment of the resident liability;

(6) states that the provider is required to accept a resident's personal needs fund to hold, safeguard, and provide an accounting for it, upon the written authorization of the resident or representative, or upon appointment of the provider as the resident's representative payee; and

(7) states that, if the resident becomes incapable of managing the personal needs fund and does not have a representative, the provider shall be required to arrange for the management of the resident's personal funds as

provided in subsection (j) below.

(b)(1) The provider shall, upon written authorization by the resident, accept responsibility for holding, safeguarding, and accounting for the resident's personal needs fund. The provider may make arrangements with a federally insured or state-insured banking institution to provide these services. However, the responsibility for the quality and accuracy of compliance with the requirements of K.A.R. 30-10-11 shall remain with the provider. The provider shall not charge the resident for these services. Routine bank service charges shall be included in the provider's per diem rate and shall not be charged to the resident. Overdraft charges and other bank penalties shall not be allowable.

- (2) The provider shall maintain current, written, and individual records of all financial transactions involving each resident's personal needs fund for which the provider has accepted responsibility. The records shall include at least the following:
 - (A) The resident's name;
- (B) an identification of the resident's representative, if any;

(C) the admission date of the resident;

- (D) the date and amount of each deposit and withdrawal, the name of the person who accepted the withdrawn funds, and the balance after each transaction;
- (E) receipts indicating the purpose for which any withdrawn funds were spent; and

(F) the resident's earned interest, if any.

(3) The provider shall provide to each resident reasonable access to the resident's own financial records.

(4) The provider shall provide a written statement, at least quarterly, to each resident or representative. The statement shall include at least the following:

(A) The balance at the beginning of the statement pe-

riod;

(B) total deposits and withdrawals;

(C) the interest earned, if any; and

(D) the ending balance.

- (c) Commingling prohibited. The provider shall keep any funds received from a resident for holding, safe-guarding, and accounting separate from the provider's operating funds, activity funds, and resident council funds and from the funds of any person other than another resident in that facility.
 - (d) Types of accounts; distribution of interest.

(1) Petty cash. The provider may keep up to \$50.00 of a resident's money in a non-interest-bearing account or

petty cash fund.

- (2) Interest-bearing accounts. The provider shall, within 15 days of receipt of the money, deposit in an interest-bearing account any funds in excess of \$50.00 from an individual resident. The account may be an individual account for the resident or may be pooled with other resident accounts. If a pooled account is used, each resident shall be individually identified on the provider's books. The account shall be in a form that clearly indicates that the provider does not have an ownership interest in the funds. The account shall be insured under federal or state law.
- (3) The interest earned on any pooled interest-bearing account shall be distributed without reductions in one of the following ways, at the election of the provider:
- (A) Prorated to each resident on an actual interestearned basis; or

(B) prorated to each resident on the basis of the resi-

dent's end-of-quarter balance.

(e) The provider shall provide the residents with reasonable access to their personal needs funds. The provider shall, upon request or upon the resident's transfer or discharge, return to the resident, the legal guardian, or the representative payee the balance of the resident's personal needs fund for which the provider has accepted responsibility, and any funds maintained in a petty cash fund. When a resident's personal needs fund for which

the provider has accepted responsibility is deposited in an account outside the facility, the provider, upon request or upon the resident's transfer or discharge, shall within 15 business days return to the resident, the legal guardian, or the representative payee the balance of those funds.

(f) If a provider is a resident's representative payee and directly receives monthly benefits to which the resident is entitled, the provider shall fulfill all of its legal duties as representative payee.

(g) Duties on change of provider.

(1) Upon change of providers, the former provider shall furnish the new provider with a written account of each resident's personal needs fund to be transferred and shall obtain a written receipt for those funds from the new provider.

(2) The provider shall give each resident's representative a written accounting of any personal needs fund held by the provider before any change of provider occurs.

- (3) If a disagreement arises regarding the accounting provided by the former provider or the new provider, the resident shall retain all rights and remedies provided under state law.
- (h) Upon the death of a resident who is a recipient of medical assistance, the provider shall take the following actions:
- (1) The provider shall in good faith determine or attempt to determine within 30 days from the date of death whether there is a surviving spouse, minor or disabled children, or an executor or administrator of the resident's estate.
- (A) If there is an executor or an administrator, the provider shall contact the executor or administrator and convey the monies in the personal needs fund as the executor or administrator directs.
- (B) If there is no executor or administrator but there is a surviving spouse, the provider shall contact the surviving spouse and convey the monies in the personal needs fund as that surviving spouse directs.
- (C) If there is no executor or administrator or surviving spouse, but there are minor or disabled children, the provider shall contact the guardian or personal representative of the minor or disabled children or, if appropriate, the adult disabled children and convey the monies in the personal needs fund as that person directs.
- (D) If there is no surviving spouse, minor or disabled children, or executor or administrator, the provider shall convey within 30 days the personal needs fund to the estate recovery unit, who will be responsible for notifying the appropriate court or personal representative of the receipt of the monies from the personal needs fund of the resident.
- (2) The provider shall provide the estate recovery unit with a written accounting of the personal needs fund within 30 days of the resident's death. The accounting shall also be provided to the executor or administrator of the resident's estate, if any; the surviving spouse, if any; the guardian or representative of the surviving minor or disabled children, if any; the personal representative of the resident, if any; and the resident's next of kin.
- (i) The provider shall purchase a surety bond and submit a report on forms designated by the Kansas depart-

ment of health and environment. The provider shall give assurance of financial security in an amount equal to or greater than the sum of all residents' funds managed by the provider at any time during the one-year period.

(j) If a resident is incapable of managing the resident's personal needs fund, has no representative, and is eligible for supplemental security income (\$SI), the provider shall notify the local office of the social security administration and request that a representative be appointed for that resident. If the resident is not eligible for \$SI, the provider shall refer the resident to the local agency office, or the provider shall serve as a temporary representative payee for the resident until the actual appointment of a guardian, conservator, or representative payee.

(k) Resident property records.

- (1) The provider shall maintain a current, written record for each resident that includes written receipts for all personal possessions deposited with the provider by the resident.
- (2) The property record shall be available to the resident and the resident's representative.
- (l) Providers shall keep all personal needs funds in the state of Kansas.
- (m) Personal needs funds shall not be turned over to any person other than a duly accredited agent or guardian of the resident. With the consent of the resident, if the resident is able and willing to give consent, the administrator shall turn over a resident's personal needs fund to a designated person to purchase a particular item. However, a signed, itemized, and dated receipt shall be required for deposit in the resident's personal needs fund envelope or another type of file.

(n) A receipt for each transaction shall be signed by the resident, legal guardian, conservator, or responsible party. Recognizing that a legal guardian, conservator, or responsible party may not be available at the time each transaction is made for or on behalf of a resident, the provider shall have a procedure that includes a provision for receipts to be signed on at least a quarterly basis,

(o) The provider shall provide and maintain a system of accounting for expenditures from the resident's personal needs fund. This system shall follow generally accepted accounting principles and shall be subject to audit

by representatives of the agency.

- (p) Suspension of program payments may be made if the agency determines that any provider is not in compliance with the regulations governing personal needs funds. Thirty days before suspending payment to the provider, written notice shall be sent by the agency to the provider stating the agency's intent to suspend payments. The notice shall explain the basis for the agency's determination and shall explain the necessary corrective action that must be completed before payments are released.
- (q) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective, E-74-43, Aug. 16, 1974; effective, E-74-44, Aug. 28, 1974; effective May 1, 1975; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1981; amended May 1, 1982; amended May 1, 1983; amended May 1, 1984; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989;

amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended Oct. 28, 1991; amended May 1, 1992; amended Jan. 4, 1993; amended Jan. 3, 1994; amended July 1, 2002.)

30-10-15a. Reimbursement. Payment for services. (a) Providers with a current signed provider agreement shall be paid a per diem rate for services furnished to Kansas medical assistance eligible residents. Payment shall be for the type of medical or health care required by the resident, as determined by the attending physician's or physician extender's certification upon admission, and the individual's level of care needs, as determined through assessment and reassessment. However, payment for services shall not exceed the type of care that the provider is certified to provide under the Kansas medical assistance program. The type of care required by the resident may be verified by the agency before and after payment.

(b) Payment for routine services and supplies, pursuant to K.A.R. 30-10-1a, shall be included in the per diem reimbursement, and these services and supplies shall not

be otherwise billed or reimbursed.

- (1) The following durable medical equipment, medical supplies, and other items and services shall be considered routine for each resident to attain and maintain the highest practicable physical and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, and shall not be billed or reimbursed separately from the per diem rate:
 - (A) Alternating pressure pads and pumps;
 - (B) armboards;
 - (C) bedpans, urinals, and basins;
 - (D) bed rails, beds, mattresses, and mattress covers;
 - (E) blood glucose monitors and supplies;
 - (F) canes;
 - (G) commodes;
 - (H) compressors;
 - (I) crutches;
 - (J) denture cups;
 - (K) dialysis, including supplies and maintenance;
- (L) dressing items, including applicators, tongue blades, tape, gauze, bandages, adhesive bandages, pads, compresses, elasticized bandages, petroleum jelly gauze, cotton balls, slings, triangle bandages, pressure pads, and tracheostomy care kits;
 - (M) emesis basins and bath basins;
 - (N) enemas and enema equipment;
 - (O) extra nursing care and supplies;
 - (P) facial tissues and toilet paper;
 - (O) first-aid ointments and similar ointments;
 - (R) footboards;
 - (S) foot cradles;
 - (T) gel pads or cushions;
 - (U) geriatric chairs;
 - (V) gloves, rubber or plastic;
 - (W) heating pads;
 - (X) heat lamps and examination lights;
 - (Y) humidifiers;
 - (Z) ice bags and hot water bottles;
- (AA) intermittent positive pressure breathing (IPPB) machines;

- (BB) irrigation solution, both water and normal saline;
- (CC) I.V. stands and clamps;
- (DD) laundry, including personal laundry;
- (EE) laxatives;
- (FF) lifts;
- (GG) lotions, creams, and powders, including baby lotion, oil, and powders;
- (HH) maintenance care for residents who have head injuries;
 - (II) mouthwash;
 - (JJ) nebulizers;
 - (KK) nonemergency transportation;
 - (LL) nutritional supplements;
 - (MM) occupational therapy;
- (NN) orthoses and splints to prevent or correct contractures:
- (OO) over-the-counter analgesics and antacids taken for the occasional relief of pain or discomfort, as needed;
 - (PP) over-the-counter vitamins;
- (QQ) oxygen masks, stands, tubing, regulators, hoses, catheters, cannulae, and humidifiers;
 - (RR) parenteral and enteral infusion pumps;
 - (SS) patient gowns, pajamas, and bed linens;
 - (TT) physical therapy;
 - (UU) respiratory therapy;
 - (VV) restraints;
 - (WW) sheepskins and foam pads;
 - (XX) skin antiseptics, including alcohol;
 - (YY) speech therapy;
- (ZZ) sphygmomanometers, stethoscopes, and other examination equipment;
 - (AAA) stool softeners;
 - (BBB) stretchers;
 - (CCC) suction pumps and tubing;
- (DDD) syringes and needles, except insulin syringes, and needles for diabetics that are covered by the pharmacy program;
 - (EEE) thermometers;
 - (FFF) traction apparatus and equipment;
- (GGG) underpads and adult diapers, disposable or nondisposable;
 - (HHH) walkers;
 - (III) water pitchers, glasses, and straws;
 - (JJJ) weighing scales; and
 - (KKK) wheelchairs.
- (2) Urinary supplies. Urinary catheters and accessories shall be covered services in the Kansas medical assistance program when billed through the durable medical equipment or medical supply provider. This expense shall not be reimbursed through the per diem rate derived from the cost report.
- (3) Total nutritional replacement therapy. Total nutritional replacement therapy shall be a covered service in the Kansas medical assistance program and billed through the durable medical equipment or medical supply provider. Total nutritional replacement therapy expenses shall not be reimbursed through the per diem rate derived from the cost report.
- (4) Each nursing facility shall provide at no cost to residents over-the-counter drugs, supplies, and personal comfort items that meet these criteria:

(A) Are available without a prescription at a commer-

cial pharmacy or medical supply outlet; and

(B) are provided by the facility as a reasonable accommodation for individual needs and preferences. These over-the-counter products shall be included in the nursing facility cost report. A nursing facility shall not be required to stock all products carried by vendors in the nursing facility's community that are viewed as over-the-counter products.

(5) Occupational, physical, respiratory, speech, and other therapies. The Kansas medical assistance program

cost of therapies shall be determined as follows:

(A) Compute the medicaid therapy ratio as the total number of medicaid therapy units not otherwise reimbursed to the total number of therapy units provided to all nursing facility residents during the cost report period;

(B) multiply the medicaid therapy ratio by the total reported therapy costs to determine the allowable medicaid

portion of therapy costs;

(C) multiply the allowable medicaid portion of the therapy costs by the ratio of total days to medicaid resident days to determine the allowable therapy expenses for the cost report period;

(D) offset the nonallowable portion of the therapy cost in the provider adjustment column and on the related

therapy expense line in the cost report; and

(E) submit a work paper with the cost report that supports the calculation of the allowable Kansas medical assistance program therapy expenses determined in accordance with paragraphs (b)(5)(A) through (C) above.

- (c) Each provider of ancillary services, as defined in K.A.R. 30-10-1a, shall bill separately for each service when the services or supplies are required. Payment for oxygen shall be reimbursed to the oxygen supplier through the agency's fiscal agent, or the fiscal agent may reimburse the nursing facility directly if an oxygen supplier is unavailable.
- (d) Payment for specialized rehabilitative services or active treatment programs shall be included in the per diem reimbursement.
- (e) Payment shall be limited to providers who accept, as payment in full, the amount paid in accordance with the fee structure established by the Kansas medical assistance program.

(f) Payment shall not be made for allowable, non-routine services and items unless the provider has ob-

tained prior authorization.

- (g) Private rooms for recipients shall be provided when medically necessary or, if not medically necessary, at the discretion of the facility. If a private room is not medically necessary or is not occupied at the discretion of the facility, then a family member, guardian, conservator, or other third party may pay the difference between the usual, customary charge and the medicaid payment rate.
- (h) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended July 1, 1991; amended Nov. 2, 1992; amended Jan. 3, 1994;

amended Dec. 29, 1995; amended Jan. 1, 1997; amended Jan. 1, 1999; amended July 1, 2002.)

30-10-15b. Financial data. (a) General. The per diem rate or rates for providers participating in the Kansas medical assistance program shall be based on an audit or desk review of the costs reported to provide resident care in each facility. The basis for conducting these audits or reviews shall be form MS 2004, as adopted by reference in K.A.R. 30-10-17. Each provider shall maintain sufficient financial records and statistical data for proper determination of reasonable and adequate rates. Standardized definitions, accounting, statistics, and reporting practices that are widely accepted in the nursing facility and related fields shall be followed, except to the extent that they may conflict with or be superseded by state or federal medicaid requirements. Changes in these practices and systems shall not be required in order to determine reasonable and adequate rates.

(b) Pursuant to K.A.R. 30-10-17, cost reports shall be

required from providers on an annual basis.

(c) Adequate cost data and cost findings. Each provider shall provide adequate cost data on the cost report. This cost data shall be in accordance with state and federal medicaid requirements and general accounting rules and shall be based on the accrual basis of accounting. Estimates of costs shall not be allowable except on projected cost reports submitted pursuant to K.A.R. 30-10-17.

(d) Recordkeeping requirements.

(1) Each provider shall furnish any information to the agency that is necessary to meet these criteria:

(A) To assure proper payment by the program pur-

suant to paragraph (d)(2) below;

(B) to substantiate claims for program payments; and

(C) to complete determinations of program overpayments.

- (2) Each provider shall permit the agency to examine any records and documents that are necessary to ascertain information pertinent to the determination of the proper amount of program payments due. These records shall include the following:
- (A) Matters of the nursing facility ownership, organization, and operation, including documentation as to whether transactions occurred between related parties;

(B) fiscal, medical, and other recordkeeping systems;

- (C) federal and state income tax returns and all supporting documents;
- (D) documentation of asset acquisition, lease, sale, or other action;
 - (E) franchise or management arrangements;
 - (F) matters pertaining to costs of operations;
- (G) amounts of income received, by source and purpose; and

(H) a statement of changes in financial position.

- (3) Other records and documents shall be made available as necessary.
- (4) Records and documents shall be made available in Kansas.
- (5) Each provider, when requested, shall furnish the agency with copies of resident service charge schedules and changes to them as they are put into effect. The charge schedules shall be evaluated by the agency to de-

termine the extent to which they may be used for determining program payment.

(6) Suspension of program payments may be made if the agency determines that any provider does not maintain or no longer maintains adequate records for the determination of reasonable and adequate per diem rates under the program, or the provider fails to furnish requested records and documents to the agency. Payments to that provider may be suspended.

(7) Thirty days before suspending payment to the provider, written notice shall be sent by the agency to the provider of the agency's intent to suspend payments, except as provided in paragraph (e)(2). The notice shall explain the basis for the agency's determination with respect to the provider's records and shall identify the

provider's recordkeeping deficiencies.

(8) All records of each provider that are used in support of costs, charges, and payments for services and supplies shall be subject to inspection and audit by the agency, the United States department of health and human services, and the United States general accounting office. All financial and statistical records used to support cost reports shall be retained for five years after the date of filing the cost report with the agency.

(e) Desk review requirement.

(1) Each provider shall submit all information requested by the agency that is necessary to complete the desk review of the cost report.

(2) If a provider does not submit the information deemed necessary by the agency to complete the desk review of the cost report for a nursing facility, the provider shall be notified in writing by the agency that it has 10 working days from the date of this notice to submit the required information, or the Kansas medical assistance program payments shall be suspended for the nursing facility.

(f) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended Oct. 28, 1991; amended Nov. 2, 1992;

amended Jan. 1, 1999; amended July 1, 2002.)

30-10-17. Cost reports. (a) Historical cost data.

(1) For cost reporting purposes, each provider shall submit the "nursing facility financial and statistical report," form MS-2004, revised December 2000 and hereby adopted by reference, completed in accordance with the accompanying instructions. The MS-2004 cost report shall be submitted on diskette, using software designated by the agency for cost report periods ending on or after December 31, 1999.

(2) Each provider who has operated a facility for 12 or more months on December 31 shall file the nursing facility financial and statistical report on a calendar year basis.

(3) Each provider who has operated a facility on cost data from the previous provider or a projected cost report shall file an historical cost report.

(A) The historical cost report period shall begin according to either of the following schedules:

- (i) On the first day of the month in which the nursing facility was certified if that date is on or before the 15th of the month; or
- (ii) on the first day of the month following the date the nursing facility was certified if that date is on or after the 16th of the month.
- (B) The historical cost report shall end on the last day of the 12-month period following the date specified in paragraph (a)(3)(A) above, except under any of the following:

(i) The cost report shall end on December 31 when that date is not more than one month before or after the end

of the 12-month period.

(ii) The cost report shall end on the provider's normal fiscal year end used for the internal revenue service when that date is not more than one month before or after the end of the 12-month period and the criteria in K.A.R. 30-10-18 for filing the cost report ending on December 31 does not apply.

(iii) The cost report shall end on the last date of service if a provider change occurs before 11 months of operation and the interim rate was based on a projected cost report.

- (C) The historical cost report period shall cover a consecutive period of time not less than 11 months and not more than 13 months.
- (D) The provider shall file a subsequent overlapping 12-month historical cost report for the calendar year ending December 31, if the first cost report does not end on that date.

(b) Projected cost data.

(1) Projected cost reports for providers.

- (A) If a provider is required to submit a projected cost report under K.A.R. 30-10-18 (c) or (g), the provider's rate shall be based on a proposed budget with costs projected on a line item basis.
- (B) The projected cost report for each provider who is required to file a projected cost report shall begin according to either of the following schedules:
- (i) On the first day of the month in which the nursing facility was certified by the department of health and environment if that date is on or before the 15th of the month; or
- (ii) on the first day of the following month if the facility is certified by the department of health and environment between the 16th and 31st of the month.
- (C) The projected cost report shall end on the last day of the 12-month period following the date specified in paragraph (b)(1)(B) above, except under either of the following:

(i) The projected cost report shall end on December 31 when that date is not more than one month before or after

the end of the 12-month period.

(ii) The projected cost report shall end on the provider's normal fiscal year-end used for the internal revenue service when that date is not more than one month before or after the end of the 12-month period and the criteria in K.A.R. 30-10-18 for filing the projected cost report ending on December 31 do not apply.

(D) The projected cost report period shall cover a consecutive period of time not less than 11 months and not

more than 13 months.

- (E) The projected cost report shall be reviewed for reasonableness and appropriateness by the agency. The projected cost report items that are determined to be unreasonable shall be disallowed before the projected rate is established.
- (2) Projected cost reports for each provider with more than one facility.
- (A) Each provider who is required to file a projected cost report in accordance with this subsection and who operates more than one facility, either in state or out of state, shall allocate central office costs to each facility that is paid rates from the projected cost data. The provider shall allocate the central office cost at the end of the provider's fiscal year or the calendar year that ends during the projection period.

The method of allocating central office costs to those facilities filing projected cost reports shall be consistent with the method used to allocate the costs to those facilities in the chain that are filing historical cost reports.

(c) Amended cost reports.

(1) Each provider shall submit an amended cost report revising cost report information previously submitted if an error or omission is identified that is material in amount and results in a change in the provider's rate of \$.10 or more per resident day.

(2) An amended cost report shall not be allowed after 13 months have passed since the last day of the year cov-

ered by the report.

(d) Due dates of cost reports.

(1) Each calendar year cost report shall be received not later than the close of business on the last working day of February following the year covered by the report.

- (2) Each historical cost report covering the first year of operation shall be received by the agency not later than the close of business on the last working day of the second month following the close of the period covered by the
- (3) Each cost report approved for a filing extension in accordance with subsection (e) shall be received not later than the close of business on the last working day of the month approved for the extension request.

(e) Extension of time for submitting a cost report.

(1) A one-month extension of the due date for the filing of a cost report may be granted by the agency when the cause for delay is beyond the control of the provider. Delays beyond the control of the provider that may be considered by the agency in granting an extension shall include the following:

(A) Disasters that significantly impair the routine op-

erations of the facility or business;

(B) destruction of records as a result of a fire, flood, tornado, or another accident that is not reasonably foreseeable; and

(C) computer viruses that impair the accurate completion of cost report information.

- (2) The provider shall make the request in writing. The request shall be received by the agency on or before the due date of the cost report. Requests received after the due date shall not be accepted.
- (3) A written request for a second one-month extension may be granted by the Kansas medical assistance program director if the cause for further delay is beyond the

control of the provider. The request shall be received by the agency on or before the due date of the cost report, or the request shall not be approved.

(f) Penalty for late filing. Each provider filing a cost report after the due date shall be subject to the following

penalties:

(1) If the complete cost report has not been received by the agency by the close of business on the due date, all further payments to the provider shall be suspended until the complete cost report has been received. A complete cost report shall include all the required documents listed in the cost report.

(2) Failure to submit the cost report within one year after the end of the cost report period shall be cause for termination from the Kansas medical assistance program.

- (g) Balance sheet requirement. Each provider shall file a balance sheet prepared in accordance with cost report instructions as part of the cost report forms for each pro-
- (h) Working trial balance requirement. Each provider shall submit a working trial balance with the cost report. The working trial balance shall contain account numbers, descriptions of the accounts, the amount of each account, and the cost report expense line on which the account was reported. Revenues and expenses shall be grouped separately and totaled on the working trial balance and shall reconcile to the applicable cost report schedules. A schedule that lists all general ledger accounts grouped by cost report line number shall be attached.

(i) An allocation of expenditures between the hospital and the long-term care unit facility shall be submitted through a step-down process prescribed in the cost report

This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended Oct. 28, 1991; amended Nov. 2, 1992; amended Jan. 3, 1994; amended Dec. 29, 1995; amended Jan. 1, 1997; amended Jan. 1, 1999; amended July 1, 2002.)

30-10-18. Rates of reimbursement. (a) Rates for existing nursing facilities.

- (1) The determination of per diem rates shall be made, at least annually, on the basis of the cost information submitted by the provider and retained for cost auditing.
- (A) The cost information for each provider shall be compared with other providers that are similar in size, scope of service, and other relevant factors to determine the allowable per diem cost.
- (B) Rates effective with service dates beginning July 1, 2002 shall be in effect at least six months, but no longer than 12 months in state fiscal year 2003 and shall be determined as follows:

(i) A factor for inflation shall be applied to the allow-

able per diem cost in effect on June 30, 2002.

(ii) A factor for inflation shall be applied to the upper payment limits in effect on June 30, 2002. The rates effective on or after July 1, 2002 shall be subject to the inflated upper payment limits.

- (iii) The case mix quarterly adjustments to the health care cost center shall be based on the new inflated upper payment limit for the cost center.
- (iv) A factor for inflation shall be applied to the real and personal property fee in effect on June 30, 2002.
- (v) These rates shall be used to phase in the rates and upper payment limits determined in accordance with paragraphs (a)(2) through (a)(7) and subsections (b) through (i) of this regulation and with K.A.R. 30-10-19(d) and K.A.R. 30-10-25(b).
- (2) Per diem rates shall be limited by cost centers, except where there are special level of care facilities approved by the United States department of health and human services. The upper payment limits shall be determined by the median in each cost center plus a percentage of the median, using either current cost data or cost data from a prior year adjusted for inflation. The percentage factor applied to the median and any inflation factor used shall be determined by the secretary.
 - (A) The cost centers shall be as follows:
- (i) Operating, including administration and plan operating cost centers less utilities;
- (ii) indirect health care, including room and board cost center, utilities, and those costs in the health care cost center not included in the direct health care cost center defined below; and
- (iii) direct health care, including the following lines from the health care cost center: registered nurse, licensed practical nurse, licensed mental health technician, nurse aides, medication aides, restorative or rehabilitation aides, employee benefits, nursing consultants, purchased services, and nursing supplies.
- (B) The property component shall consist of the real and personal property as specified in K.A.R. 30-10-25.
- (C) The upper payment limit for the direct health care cost center shall be a statewide base limit calculated on each facility's case mix adjusted costs.
- (i) The direct health care cost center upper payment limit for each facility shall be calculated quarterly by adjusting the statewide base limit by that facility's medicaid average case mix index.
- (ii) Resident assessments that cannot be classified shall be assigned to the lowest case mix index.
- (3) Each provider shall receive an adjusted rate for each quarter if there is a change in the facility's average medicaid case mix index from the previous quarter.
- (4) To establish a per diem rate for each provider, factors for incentive and inflation shall be added to the allowable per diem cost.
 - (5) Resident days in the rate computation.
- (A) Total resident days shall be used to calculate the per diem costs used to determine the upper payment limit and rates in the direct health care cost center. Total resident days shall be used to calculate the per diem costs used to determine the upper payment limit and rates for food and utilities in the indirect health care cost center.
- (B) Resident days used to calculate the upper payment limits and rates in the operating cost center and indirect health care cost center, less food and utilities, shall be subject to an 85 percent minimum occupancy requirement based on the following:

- (i) Each provider that has been in operation for 12 months or longer and has an occupancy rate of less than 85 percent for the cost report period shall have the resident days calculated at the minimum occupancy of 85 percent.
- (ii) The 85 percent minimum occupancy requirement shall be applied to the resident days and costs reported for the 13th month of operation and after. The 85 percent minimum occupancy requirement shall be applied to the interim rate of a new provider, unless the provider is allowed to file a projected cost report.
- (iii) The minimum occupancy rate shall be determined by multiplying the total number of licensed beds by 85 percent. In order to participate in the Kansas medical assistance program, each nursing facility provider shall obtain proper certification for all licensed beds.
- (iv) Each provider with an occupancy rate of 85 percent or greater shall have actual resident days for the cost report period used in the rate computation.
- (6) Each provider shall be given a detailed listing of the computation of the rate determined for the provider's facility.
- (7) The effective date of the rate for existing providers shall be in accordance with K.A.R. 30-10-19.
 - (b) Comparable service rate limitations.
- (1) For each nursing facility and nursing facility for mental health, the per diem rate for care shall not exceed the rate charged for the same type of service to residents not under the Kansas medical assistance program. Private pay rates reported to the agency on other than a per diem basis shall be converted to a per diem equivalent.
- (2) The agency shall maintain a registry of private pay per diem rates submitted by providers.
- (A) Providers shall notify the agency of changes in the private pay rate and the effective date of that change so that the registry can be updated.
- (i) Private pay rate information submitted with the cost reports shall not constitute notification and shall not be acceptable.
- (ii) Providers may send private pay rate notices by certified mail so that there is documentation of receipt by the agency.
- (B) The private pay rate registry shall be updated based on the notification from the providers.
- (C) The effective date of the private pay rate in the registry shall be the later of the effective date of the private pay rate or the first day of the following month in which complete documentation of the private pay rate is received by the agency.
- (i) If the private pay rate effective date is other than the first day of the month, the effective date in the registry shall be the first day of the closest month. If the effective date is after the 15th, the effective date in the register shall be the first day of the following month.
- (ii) For new facilities or new providers coming into the medicaid program, the private pay rate effective date shall be the issued certification date.
- (3) The average private pay rate for comparable services shall be included in the registry. The average private pay rate may consist of the following variables:

- (A) Room rate differentials. The weighted average private pay rate for room differentials shall be determined as follows:
- (i) Multiply the number of private pay residents in private rooms, semiprivate rooms, wards, and all other room types by the rate charged for each type of room. Sum the resulting products of each type of room. Divide the sum of the products by the total number of private pay residents in all rooms. The result, or quotient, is the weighted average private pay rate for room differentials.

(ii) Each provider shall submit documentation to show the calculation of the weighted average private pay rate

when there are room rate differentials.

(iii) Failure to submit the documentation shall limit the private pay rate in the registry to the semiprivate room rate.

- (B) Level-of-care rate differentials. The weighted average private pay rate for level-of-care differentials shall be determined as follows:
- (i) Multiply the number of private pay residents in each level of care by the rate they are charged to determine the product for each level of care. Sum the products for all of the levels of care. Divide the sum of the products by the total number of private pay residents in all levels of care. The result, or quotient, is the weighted average private pay rate for the level-of-care differentials.

(ii) Each provider shall submit documentation to show the calculation of the weighted average rate when there

are level-of-care rate differentials.

(iii) Failure to submit the documentation may delay the effective date of the average private pay rate in the registry until the complete documentation is received.

(C) Extra charges to private pay residents for items and services specified in K.A.R. 30-10-15a may be included in the weighted average private pay rate if the same items and services are allowable in the Kansas medical assistance program rate.

(i) Each provider shall submit documentation to show the calculation of the weighted average extra charges.

(ii) Failure to submit the documentation may delay the effective date of the weighted average private pay rate in the registry until the complete documentation is received.

- (4) The weighted average private pay rate shall be based on what the provider receives from the resident. If the private pay charges are consistently higher than what the provider receives from the residents for services, then the average private pay rate for comparable services shall be based on what is actually received from the residents. The weighted average private pay rate shall be reduced by the amount of any discount received by the residents.
- (5) The private pay rate for medicare skilled beds shall not be included in the computation of the average private pay rate for nursing facility services.

(6) When providers are notified of the effective date of the Kansas medical assistance program rate, the follow-

ing procedures shall be followed:

- (A) If the private pay rate indicated on the agency register is lower, then the Kansas medical assistance program rate, beginning with its effective date, shall be calculated as follows:
- (i) If the average medicaid case mix index is greater than the facility average case mix index, the Kansas med-

ical assistance program rate shall be the lower of the private pay rate adjusted to reflect the medicaid case mix or the calculated Kansas medical assistance rate.

(ii) If the average medicaid case mix index is less than or equal to the facility average case mix index, the Kansas medical assistance program rate shall be the average pri-

vate pay rate.

(B) Providers who are held to a lower private pay rate and subsequently notify the agency in writing of a different private pay rate shall have the Kansas medical assistance program rate adjusted on the later of the first day of the month following the date upon which complete private pay rate documentation is received or the effective date of a new private pay rate.

(c) Rate for new construction or a new facility to the

rogram.

- (1) The per diem rate for newly constructed nursing facilities or a new facility to the Kansas medical assistance program shall be based on a projected cost report submitted in accordance with K.A.R. 30-10-17.
- (2) No rate shall be paid until a nursing facility financial and statistical report is received and processed to determine a rate.
- (d) Change of provider. The payment rate for the first 12 months of operation shall be based on the rate established from the historical cost data of the previous owner or provider. If the 85 percent minimum occupancy requirement was applied to the previous provider's rate, the 85 percent minimum occupancy requirement shall also be applied to the new provider's rate.

(e) Per diem rate errors.

- (1) If the per diem rate, whether based upon projected or historical cost data, is audited by the agency and found to contain an error, a direct cash settlement shall be required between the agency and the provider for the amount of money overpaid or underpaid. If a provider no longer operates a facility with an identified overpayment, the settlement shall be recouped from a facility owned or operated by the same provider or provider corporation, unless other arrangements have been made to reimburse the agency. A net settlement may occur if a provider has more than one facility involved in settlements.
- (2) The per diem rate for a provider may be increased or decreased as a result of a desk review or audit of the provider's cost reports. Written notice of this per diem rate change and of the audit findings shall be sent to the provider. Retroactive adjustment of the rate paid from a projected cost report shall apply to the same period of time covered by the projected rate.

(3) Each provider shall have 30 days from the date of the audit report cover letter to request an administrative review of an audit adjustment that results in an overpayment or underpayment. The request shall specify the finding or findings that the provider wishes to have re-

viewed

(4) An interim settlement, based on a desk review of the historical cost report covering the projected cost report period, may be determined after the provider is notified of the new rate determined from the cost report. The final settlement shall be based on the rate after an audit of the historical cost report.

- (5) A new provider that is not allowed to submit a projected cost report for an interim rate shall not be entitled to a retroactive settlement for the first year of operation.
- (f) Out-of-state providers. The rate for out-of-state providers certified to participate in the Kansas medical assistance program shall be the rate approved by the agency. Out-of-state providers shall obtain prior authorization by the agency.

(g) Determination of the rate for nursing facility pro-

viders reentering the medicaid program.

- (1) The per diem rate for each provider reentering the medicaid program shall be determined from either of the following:
- (A) A projected cost report if the provider has not actively participated in the program by the submission of any current resident service billings to the program for 24 months or more; or
- (B) the last historic cost report filed with the agency, if the provider has actively participated in the program during the most recent 24 months. The appropriate historic and estimated inflation factors shall be applied to the per diem rate determined in accordance with this paragraph.

(2) When the per diem rate for a provider reentering the program is determined in accordance with paragraph (g)(1)(A), a settlement shall be made in accordance with

K.A.R. 30-10-18(e).

(3) When the per diem rate for a provider reentering the program is determined in accordance with paragraph (g)(1)(B), a settlement shall be made only on those historic cost reports with fiscal years beginning after the date on which the provider re-entered the program.

(h) Reserve days as specified in K.A.R. 30-10-21 shall be paid at 67 percent of the Kansas medical assistance

program per diem rate.

(i) Determination of rate for ventilator-dependent resident.

- (1) The request for additional reimbursement for a ventilator-dependent resident shall be submitted to the agency in writing for prior approval. Each request shall include a current care plan for the resident, the most current resident assessment, and an itemized expense list for implementing that care plan. The additional reimbursement shall not include the cost of durable medical equipment.
- (2) All of the following conditions shall be met in order for a resident to be considered ventilator-dependent.
- (A) The resident is not able to breathe without mechanical ventilation.
- (B) The resident uses a ventilator for life support 24 hours a day, seven days a week.
- (C) The resident has a tracheostomy or endotrachael tube.
- (3) The provider shall be reimbursed at the Kansas medical assistance program daily rate determined for the nursing facility plus an additional amount approved by the agency for the ventilator-dependent resident. The provider shall submit a budget with the detail of the expenditures requested to care for the ventilator-dependent resident. The additional reimbursement shall be negotiated based on the prevailing cost of the individual care plan and subject to an upper payment limit that is based

on the comparable rate from the medicare prospective payment system.

(4) No additional amount above that figured at the Kansas medical assistance program daily rate shall be allowed until the service has been authorized by the agency.

- (5) The criteria shall be reviewed quarterly to determine if the resident is ventilator-dependent. If a resident is no longer ventilator-dependent, the provider shall not receive additional reimbursement beyond the Kansas medical assistance program daily rate determined for the facility.
- (6) The additional reimbursement for the ventilator-dependent resident shall be offset to the cost center of benefit on the nursing facility financial and statistical report. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1986; amended, T-87-29, Nov. 1, 1986; amended May 1, 1987; amended, T-89-5, Jan. 21, 1988; amended Sept. 26, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended Oct. 28, 1991; amended May 1, 1992; amended Nov. 2, 1992; amended Jan. 3, 1994; amended July 1, 1994; amended Sept. 30, 1994; amended Dec. 29, 1995; amended Jan. 1, 1999; amended June 28, 2002.)
- **30-10-19.** Rates; effective dates. (a) Effective date of per diem rates for ongoing providers filing calendar year cost reports. The effective date of a new rate that is based on information and data in the nursing facility cost report for the calendar year shall be the following July 1.

(b) Effective date of the per diem rate for a new provider operating on the rate from cost data of the previous

provider.

(1) The effective date of the per diem rate for a new provider shall be the date of certification by the department of health and environment.

- (2) The effective date of the per diem rate based on the first historical cost report filed in accordance with K.A.R. 30-10-17 shall be the first day of the month following the end of the cost reporting period. Any rates paid after the effective date of the rate based on the first historical cost report shall be adjusted to the new rate from the historical cost report.
- (c) Effective date of the per diem rate from a projected cost report.
- (1) The effective date of the per diem rate based on a projected cost report for a new provider, as set forth in K.A.R. 30-10-18 (c), (d), and (g), shall be the date of certification by the department of health and environment.
- (2) The interim rate determined from the projected cost report filed by the provider shall be established by the agency and given to the fiscal agent on or by the first day of the third month after the receipt of a complete and workable cost report.

(3) The effective date of the final rate, determined after an audit of the historical cost report filed for the projected cost report period, shall be the date of certification by the department of health and environment.

(4) The second effective date for a provider filing an historic cost report covering a projected cost report period

shall be the first day of the month following the last day of the period covered by the report, which is the date that the inflation factor is applied in determining prospective rates.

- (d) Each provider shall receive an adjusted rate quarterly if there are changes in the facility's medicaid case mix index as described in K.A.R. 30-10-18.
- (e) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended Oct. 28, 1991; amended Nov. 2, 1992; amended Jan. 3, 1994; amended Dec. 29, 1995; amended Jan. 1, 1997; amended July 1, 2002.
- **30-10-21.** Reserve days. (a) Payment shall be available for days for which it is necessary to reserve a bed in a nursing facility (NF) or nursing facility for mental health (NF-MH) when the resident is absent for any of the following reasons:

(1) Admission to a hospital for acute conditions;

(2) therapeutically indicated home visits with relatives and friends; or

(3) participation in any state-approved therapeutic or rehabilitative program.

- (b) In order for payment to be available, the following requirements shall be met when a bed is reserved in a nursing facility or nursing facility for mental health because of a resident's hospitalization for acute conditions.
- (1) Payment shall be available only for the days during which there is a likelihood that the reserved bed would otherwise be required for occupancy by some other resident.
- (2) (A) The period of hospitalization for an acute condition shall not exceed 10 days per any single hospital stay.
- (B) For residents from a nursing facility for mental health, the period of hospitalization shall not exceed 21 days per state mental institution admission or admission to a psychiatric ward in any of the following:

(i) A general hospital;

- (ii) a private psychiatric hospital; or
- (iii) a veterans administration medical center.
- (3) The resident shall intend to return to the same facility after hospitalization.
- (4) The hospital shall provide a discharge plan for the resident.
- (5) Reimbursement shall not be made to reserve a bed in a swing bed hospital if a nursing facility will be reimbursed for the same day to reserve a bed for the resident's return from the hospital.

(c) The resident's plan of care shall provide for the non-hospital-related absence.

(1) Payment for non-hospital-related reserve days for eligible residents in nursing facilities for mental health shall not exceed 21 days per calendar year, including travel. If additional days are required to obtain or retain employment, participate in a job readiness training program, or alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

(2) Payment for non-hospital-related reserve days for all eligible residents in nursing facilities shall not exceed 18 days per calendar year, including travel. If additional days are required to alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

(d) This regulation shall not prohibit any resident from leaving a facility if the resident so desires.

(e) Payments made for unauthorized reserve days shall be reclaimed by the agency.

(f) (1) Before any routine absence by residents, the provider shall notify the local agency office.

(2) In case of emergency admission to a hospital, the provider shall notify the local agency office not later than five working days following admission.

(g) Payment for reserve days shall be approved except when the absence is longer than 10 hospital days for NF or NF-MH residents or 21 hospital days for NF-MH residents who enter either of the following:

(1) A state mental hospital; or

(2) a psychiatric ward in any of the following:

(A) A general hospital;

(B) a private psychiatric hospital; or

(C) a veterans administration medical center.

- (h) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-3-29-90, April 1, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended July 1, 1996; amended Oct. 1, 2000; amended July 1, 2002.)
- **30-10-23a.** Non-reimbursable costs. (a) Costs not related to resident care, as set forth in K.A.R. 30-10-1a, shall not be considered in computing reimbursable costs. In addition, the following expenses or costs shall not be allowed:
- (1) Fees paid to non-working directors and the salaries of non-working officers;
 - (2) bad debts;
 - (3) donations and contributions;
 - (4) fund-raising expenses;
 - (5) taxes, as follows:
- (A) Federal income and excess profit taxes, including any interest or penalties paid on them;
 - (B) state or local income and excess profits taxes;
- (C) taxes from which exemptions are available to the provider;
- (D) taxes on property that is not used in providing covered services;
- (E) taxes levied against any patient or resident and collected and remitted by the provider;
- (F) self-employment taxes applicable to individual proprietors, partners, or members of a joint venture; and
- (G) interest or penalties paid on federal and state payroll taxes:
- (6) insurance premiums on lives of officers and owners:
- (7) the imputed value of services rendered by non-paid workers and volunteers;

- (8) utilization review;
- (9) costs of social, fraternal, civic, and other organizations that concern themselves with activities unrelated to their members' professional or business activities;
- (10) oxygen, and oxygen concentrators, tanks, and cylinders;
 - (11) vending machines and related supplies;
 - (12) board of director costs;
 - (13) resident personal purchases;
 - (14) advertising for patient utilization;
 - (15) public relations expenses;
 - (16) penalties, fines, and late charges;
 - (17) prescription drugs as defined in K.A.R. 30-10-1a;
 - (18) dental services;
 - (19) radiology;
 - (20) lab work;
- (21) items or services provided only to non-medicaid/medikan residents and reimbursed from third party payors;
- (22) automobiles and related accessories in excess of \$25,000.00 each. Buses and vans for resident transportation shall be reviewed for reasonableness and may exceed \$25,000.00 in costs;
- (23) provider-owned or related-party-owned, -leased, or -chartered airplanes and related expenses;
 - (24) therapeutic beds or mattresses;
 - (25) bank overdraft charges or other penalties;
- (26) personal expenses not directly related to the provision of long-term resident care in a nursing facility;
- (27) management fees paid to a related organization that are not clearly derived from the actual cost of materials, supplies, or services provided directly to an individual nursing facility;
- (28) business expenses not directly related to the care of residents in a long-term care facility. This shall include business investment activities, stockholder and public relations activities, and farm and ranch operations; and
- (29) legal and other costs associated with litigation between a provider and a resident or between a provider and state or federal agencies, unless the litigation is decided in the provider's favor.
- (b) Purchase discounts, allowances, and refunds shall be deducted from the cost of the items purchased. Refunds of prior years' expenses shall be deducted from the related expenses.
- (c) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1988; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan 30, 1991; amended July 1, 1991; amended Oct. 28, 1991; amended May 1, 1992; amended Nov. 2, 1992; amended Jan. 3, 1994; amended Dec. 29, 1995; amended July 1, 2002.)
- **30-10-24.** Compensation of owners, related parties, and administrators. (a) Non-working owners and related parties. Remunerations paid to non-working owners or other related parties, as defined in K.A.R. 30-10-1a, shall not be considered an allowable cost regardless of the name assigned to the transfer or accrual or the type of provider entity making the payment. Each payment shall be separately identified and reported as owner com-

pensation in the non-reimbursable and non-resident-related expense section of the cost report.

- (b) Services related to resident care.
- (1) If owners with five percent or more ownership interest or related parties actually perform a necessary function directly contributing to resident care, a reasonable amount shall be allowed for such resident care activity. The reasonable amount allowed shall be the lesser of the following:
- (A) The reasonable cost that would have been incurred to pay a non-owner employee to perform the resident-related services actually performed by owners or other related parties, limited by a schedule of salaries and wages based on the state civil service salary schedule in effect when the cost report is processed until the subsequent cost report is filed; or
- (B) the amount of cash and other assets actually withdrawn by the owner or related parties.
- (2) The resident-related functions shall be limited to those functions that are normally performed by non-owner employees common to the industry and for which cost data is available. The job titles for administrative and supervisory duties performed by an owner or related party shall be limited to the work activities included in the schedule of the owner or related party salary limitations.
- (3) The salary limit shall be prorated in accordance with subsection (c) of this regulation. The limitation shall not exceed the highest salary limit on the civil-service-based chart.
- (4) The owner or related party shall be professionally qualified for those functions performed that require licensure or certification.
- (5) Cash and other assets actually withdrawn shall include only those amounts or items actually paid or transferred during the cost reporting period in which the services were rendered and reported to the internal revenue service.
- (6) The owner or related party shall pay any liabilities established in cash within 75 days after the end of the accounting period.
- (c) Allocation of owner or related party total work time for resident-related functions. When any owner or related party performs a resident-related function for less than a full-time-equivalent work week, defined as 40 hours per week, the compensation limit shall be prorated. The time spent on each function within a facility or within all facilities in which the owner or related party has an ownership or management interest shall be prorated separately by function, but shall not exceed 100 percent of that person's total work time. Time spent on other non-related business interests or work activities shall not be included in calculations of total work time.
- (d) Reporting owner or related party compensation on cost report. The provider shall report owner or related party compensation on the owner compensation line in the appropriate cost center for the work activity involved. Any compensation paid to employees who have an ownership interest of five percent or more, including employees at the central office of a chain organization, shall be deemed owner compensation. Providers with any pro-

fessionally qualified owner or related party employees performing duties other than those for which they are professionally qualified shall report the cost for these duties in the operating cost center.

(e) Owner-administrator compensation limitation.

(1) Reasonable limits shall be determined by the agency for owner-administrator compensation based upon the current civil service salary schedule.

(2) This limitation shall apply to the salaries of each administrator and coadministrator of that facility and to owner compensation reported in the operating cost center. This limitation shall apply to the salaries of the administrator and coadministrator, regardless of whether they have any ownership interest in the business entity.

(3) Each salary in excess of the owner or related party limitations determined in accordance with subsections (b) and (c) of this regulation shall be transferred to the owner compensation line in the operating cost center and shall be subject to the owner-administrator compensation limitation. The provider shall include all owner-administrator compensation in excess of the limitation in the administrative costs used to compute the incentive factor.

(f) Management consultant fees. Fees for consulting services provided by owners and related parties shall be deemed owner's compensation subject to the owner-administrator compensation limit. The provider shall report fees on the owner compensation line in the operating cost center if the actual cost of the service is not submitted with the adult care home financial and statistical report:

(1) Related parties as defined in K.A.R. 30-10-1a;

(2) current owners of the provider agreement and operators of the facility;

(3) current owners of the facility in a lessee-lessor relationship;

(4) management consulting firms owned and operated by former business associates of the current owners in this and other states;

(5) owners who sell and enter into management contracts with the new owner to operate the facility; and

(6) accountants, lawyers, and other professional people who have common ownership interests in other facilities, in this or other states, with the owners of the facility from which the consulting fee is received.

(g) Costs not related to resident care. An allowance shall not be made for costs related to investigation of investment opportunities, travel, entertainment, goodwill, or administrative or managerial activities performed by owners or other related parties that are not directly related to resident care.

(h) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991, amended Oct. 28, 1991; amended Dec. 29, 1995; amended July 1, 2002.)

30-10-25. Real and personal property fee. (a) A real and personal property fee shall be developed by the agency in lieu of an allowable cost for ownership or lease expense, or both. The fee shall be facility-specific and shall not change as a result of change of ownership, a

change in lease, or reenrollment in the medicaid program by providers. An inflation factor may be applied to the fee on an annual basis.

(1) The real and personal property fee shall include an appropriate component for the following:

(A) Rent or lease expense;

(B) interest expense on a real estate mortgage;

(C) amortization of leasehold improvements; and

(D) depreciation on buildings and equipment.

(b)(1) The real and personal property fee shall be determined based on one of the following methodologies:

(A) For providers enrolled in the Kasnas medical assistance program with a real and personal property fee for each facility, the real and personal property fee shall be the sum of the property allowance and value factor.

(B) For providers reenrolling in the Kansas medical assistance program or providers enrolling for the first time but operating in a facility that was previously enrolled in the program, the real and personal property fee shall be the sum of the last effective property allowance and the last effective value factor for the facility.

(C) The real and personal property fee for a newly constructed nursing facility or a nursing facility that enters the Kansas medical assistance program and has not had a fee established previously shall be calculated based on

the following methodology:

(i) A projected real and personal property fee shall be calculated using a projected cost report by dividing the total of the four real and personal property fee components reported in the ownership cost center by the greater of the total resident days reported or 85 percent of the licensed capacity for the cost report period.

(ii) An historical real and personal property diem shall be calculated using an audited historical cost report by dividing the total of the four line items reported in the ownership cost center by the greater of the total resident days reported or 85 percent of the licensed capacity for the cost report period.

(iii) A settlement between the projected and historical rates, which shall include the real and personal property fee, shall made in accordance with K.A.R 30-10-18 (e).

(2) The real and personal property fee shall be subject to an upper payment limit. The upper payment limit for the real and personal property fee shall be determined by the median real and personal property fee plus a percentage of the median. The percentage factor applied shall be determined by the secretary.

(c)(1) The depreciation and amortization component of the real and personal property fee shall meet these crite-

ria:

(A) Be identifiable and recorded in the provider's accounting records;

(B) be based on the historical cost of the asset as established in this regulation; and

(C) be prorated over the estimated useful life of the asset using the straight-line method.

(2)(A) Appropriate recording of depreciation shall include the following:

(i) Identification of the depreciable assets in use;

(ii) the assets' historical costs;

(iii) the method of depreciation;

(iv) the assets' estimated useful life; and

(v) the assets' accumulated depreciation.

(B) Each provider shall report gains and losses on the sale of depreciable personal property on the cost report at the time of the sale. The provider shall record trading of depreciable property in accordance with the income tax method of accounting for the basis of property acquired. Under the income tax method, gains and losses arising from the trading of assets shall not be recognized in the year of trade, but shall be used to adjust the basis of the newly acquired property.

(3) The cost basis shall not include costs attributable to the negotiation or final purchase of the facility, which may include legal fees, accounting fees, travel costs, and

the cost of feasibility studies.

- (d) Any provider may request that the agency re-base the real and personal property fee. Providers shall submit re-base requests for completed capital improvement projects or phases of capital improvements projects. The following methodology shall be used to determine a revised real and personal property fee based on the re-base request.
- (1) Re-base requests shall be reviewed to determine a revised real and personal property fee if the provider meets the following capital expenditure thresholds:
 - (A) \$25,000.00 for facilities with 50 or fewer beds; or
 - (B) \$50,000.00 for facilities with 51 or more beds.
- (2) The per diem based on the interest expense, depreciation expense, and amortization of leasehold improvements shall be added to the real and personal property fee in effect on the date that the re-base is made effective. Interest expense reported in the operating cost center shall not be included in the request for a re-base of the real and personal property fee. Interest on loans for real and personal property that is included in a re-base shall be reported with mortgage interest in the ownership cost center.
- (3) The resident days used in the denominator of the real and personal property fee calculation shall be based on the total resident days used to compute the rate that is paid at the time the request is made to re-base the property fee. The resident days shall be subject to the 85 percent minimum occupancy requirement, including any new beds documented in the request for a re-base.
- (4) The revised real and personal property fee shall be subject to the upper payment limit in effect on the date the re-base is made effective.
- (5) Effective dates for re-based real and personal property fees.
- (A) If the number of beds of an existing nursing facility is increased by the construction of a new addition to the existing facility, the real and personal property fee established through the re-base shall be effective according to either of the following schedules:
- (i) On the first day of the month in which the new beds were certified if the certification date was on or before the 15th of the month; or
- (ii) on the first day of the month following the month in which the beds were certified if the certification date is on or after the 16th of the month.
- (B) If the capital expenditure that is the basis for the re-base request is not related to an increased number of beds, the real and personal property fee established

through the re-base shall be effective according to either of the following schedules:

- (i) On the first day of the month in which the complete documentation is received, if the request is received on or before the 15th of the month; or
- (ii) on the first day of the month following the month in which the complete documentation is received, if the request is received on or after the 16th of the month.
- (C) Complete documentation shall include the following:
- (i) The depreciation or amortization schedule reflecting the expense; including the construction-in-progress subsidiary ledger;

(ii) the loan agreement;

(iii) the amortization schedule for interest;

(iv) invoices;

(v) receipts for contractor fees; and

- (vi) receipts for other costs associated with the capital expenditure.
- (6) Invoices or contractor statements dated more than two years before the date the re-base request is received shall not be allowed.
- (f) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1988; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended Oct. 28, 1991; amended Nov. 2, 1992; amended Jan. 3, 1994; amended Dec. 29, 1995; amended Jan. 1, 1997; amended Jan. 1, 1999; amended July 1, 2002.)
- **30-10-27.** Central office costs. (a) Allocation of central office costs shall be reasonable, conform to general accounting rules, and allowed only to the extent that the central office is providing a service normally available in the nursing facility. Central office costs shall not be recognized or allowed to the extent that they are unreasonably in excess of similar nursing facilities in the program. The burden of furnishing sufficient evidence to establish a reasonable level of costs shall be on the provider. All expenses reported as central office costs shall be limited to the actual resident-related costs of the central office.
- (1) The provider shall report cost of ownership or the arm's-length lease expense, utilities, maintenance, property taxes, insurance, and other plant operating costs of the central or regional office space for resident-related activities report as central office costs.
- (2) The provider shall report all administrative expenses incurred by central and regional offices as central office costs. These may include the following:
 - (A) Salaries;
 - (B) benefits;
 - (C) office supplies;
 - (D) printing, management, and consultant fees;
 - (E) telephones and other forms of communications;
 - (F) travel and vehicle expenses;
 - (G) allowable advertising;
 - (H) licenses and dues; and
- (I) legal, accounting, data processing, insurance, and interest expenses. The administrative expenses reported as central office costs shall not be directed to individual

facilities operated by the provider or reported on any other line of the cost report.

- (3) Non-reimbursable costs in K.A.R. 30-10-23a, costs allowed with limitations in K.A.R. 30-10-23b, and the revenue offsets in K.A.R. 30-10-23c shall apply to central office costs.
- (4) Estimates of central office costs shall not be allowable.
 - (b) Central office salary and other limitations.
- (1) Salaries of employees performing the duties for which they are professionally qualified shall be allocated to the direct health care cost center or the indirect health care cost center as appropriate for the duties performed. Professionally qualified employees shall include licensed and registered nurses, dietitians, and others that may be designated by the secretary.

(2) Salaries of chief executives, corporate officers, department heads, and other employees with ownership interests of five percent or more shall be deemed owner's compensation, and the provider shall report these salaries as owner's compensation in the operating cost center.

(3) The provider shall include the salary of an owner or related party performing a resident-related service for which the person is professionally qualified in the appropriate cost center for that service, subject to the owner or related party salary limitations.

(4) The provider shall report salaries of all other central office personnel performing resident-related administra-

tive functions in the operating cost center.

(5) All providers operating a central office shall complete and submit detailed schedules of all salaries and expenses incurred in each fiscal year. Failure to submit

detailed central office expenses and allocation methods shall result in an incomplete cost report. The provider shall submit methods for allocating costs to all facilities in this and other states for prior approval. Changes in these methods shall not be permitted without prior approval.

(6) A central office cost limit may be established by the agency within the overall operating cost center upper

payment limit.

(7) The provider may allocate and report bulk purchases by the central office staff in the appropriate cost center of each facility if sufficiently documented. Questionable allocations shall be transferred to the central office cost line within the operating cost center.

(c) This regulation shall be effective on and after July 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended Oct. 28, 1991; amended

Dec. 29, 1995; amended July 1, 2002.)

30-10-29. (Authorized by and implementing K.S.A. 1994 Supp. 39-708c, as amended by L. 1995, Ch. 153, Sec. 1; effective, T-86-42, Dec. 18, 1985; effective, T-87-5, May 1, 1986; effective May 1, 1987; amended May 1, 1988; amended Jan. 2, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended May 1, 1991; amended Oct. 28, 1991; amended Nov. 2, 1992; amended Dec. 29, 1995; revoked June 28, 2002.)

Janet Schalansky Secretary of Social and Rehabilitation Services

Doc. No. 028012

INDEX TO ADMINISTRATIVE REGULATIONS

This index lists in numerical order the new, amended and revoked administrative regulations and the volume and page number of the Kansas Register issue in which more information can be found. Temporary regulations are designated with a (T) in the Action column. This cumulative index supplements the 2000 Volumes and 2001 Supplement to the Kansas Administrative Regulations.

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